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BUTTE DENTAL PROGRAM

ONE APPROACH TO PRE-PAID DENTAL CARE

FINAL EVALUATION

DECEMBER, 1973

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680 BEACH STREET
SAN FRANCISCO 94109

December 31, 1973

Mr. Jack R. Carlson
Administrator
Division of Economic Assistance
State of Montana Department of
Social & Rehabilitation Services
Helena, Montana 59601

Dear Mr. Carlson:

We are pleased to present to you our final evaluation of the Butte Dental Program, Section 1115 project #11-P-57109/8-01. This report represents the culmination of our evaluation efforts over the past three years and is the final sequel to our previous four evaluation progress reports on this project.

The report is organized as follows:

Executive Summary

I. Introduction

II. Research Design, Results, and Recommendations

III. Operational Evaluation

IV. Cost Analyses

V. Survey Results

VI. Other Observations

Appendices

In accord with HEW requirements, the Executive Summary section of the report presents a condensed summary of the demonstration hypotheses, findings, conclusions, and recommendations which are detailed throughout the body of the report. A detailed table of contents follows this letter.

We have certainly enjoyed working with you over the past three years on the evaluation of this project. Should you have any questions regarding any aspect of this report, we would be happy to answer them at your convenience.

Thank you for the opportunity to be of service to the State of Montana.

Sincerely,

URBAN MANAGEMENT CONSULTANTS

John R. Trauth

John R. Trauth
Managing Director

JRT:ch

Mr. Jack R. Carlson
December 31, 1973
Page two

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In response to the problems associated with rising health care costs, the State of Montana applied for and was granted a three year demonstration project to test the concept of pre-paid dental care for low-income individuals and families. Envisioned as a possible alternative to the "fee-for-service" arrangement of providing dental care for Medicaid families, the Butte Dental Program was designed as a "dental insurance" program, underwritten by a private insurance carrier, the Delta Dental Plan of Montana. The program paid premiums to Delta based on negotiated capitation rates.

The pre-paid plan consisted of two major types of coverage for eligible low-income recipients -- "Initial" and "Maintenance." The former was intended to provide extensive remedial care to correct basic dental deficiencies, followed by a maintenance program intended to maintain dental health. The benefit package approximated the dental benefits provided under the Medicaid program. In order to assist recipients in utilizing the dental services available to them, the project design included supportive social services to encourage good dental care practices and emphasize dental care education.

DEMONSTRATION HYPOTHESES

The objectives of the demonstration program were refined into the following five demonstration hypotheses to be tested through program evaluation:

-- *That it is economically and operationally feasible to provide comprehensive dental care to welfare recipients through a private, pre-paid insurance plan.*

-- *That a dental care program emphasizing initial remedial care followed by comprehensive maintenance treatment will result in substantial long-run health and cost advantages compared to "ad hoc" dental care under Medicaid.*

-- *That low-income recipients will contribute to the cost of their dental care as their economic status improves by helping to pay their premiums.*

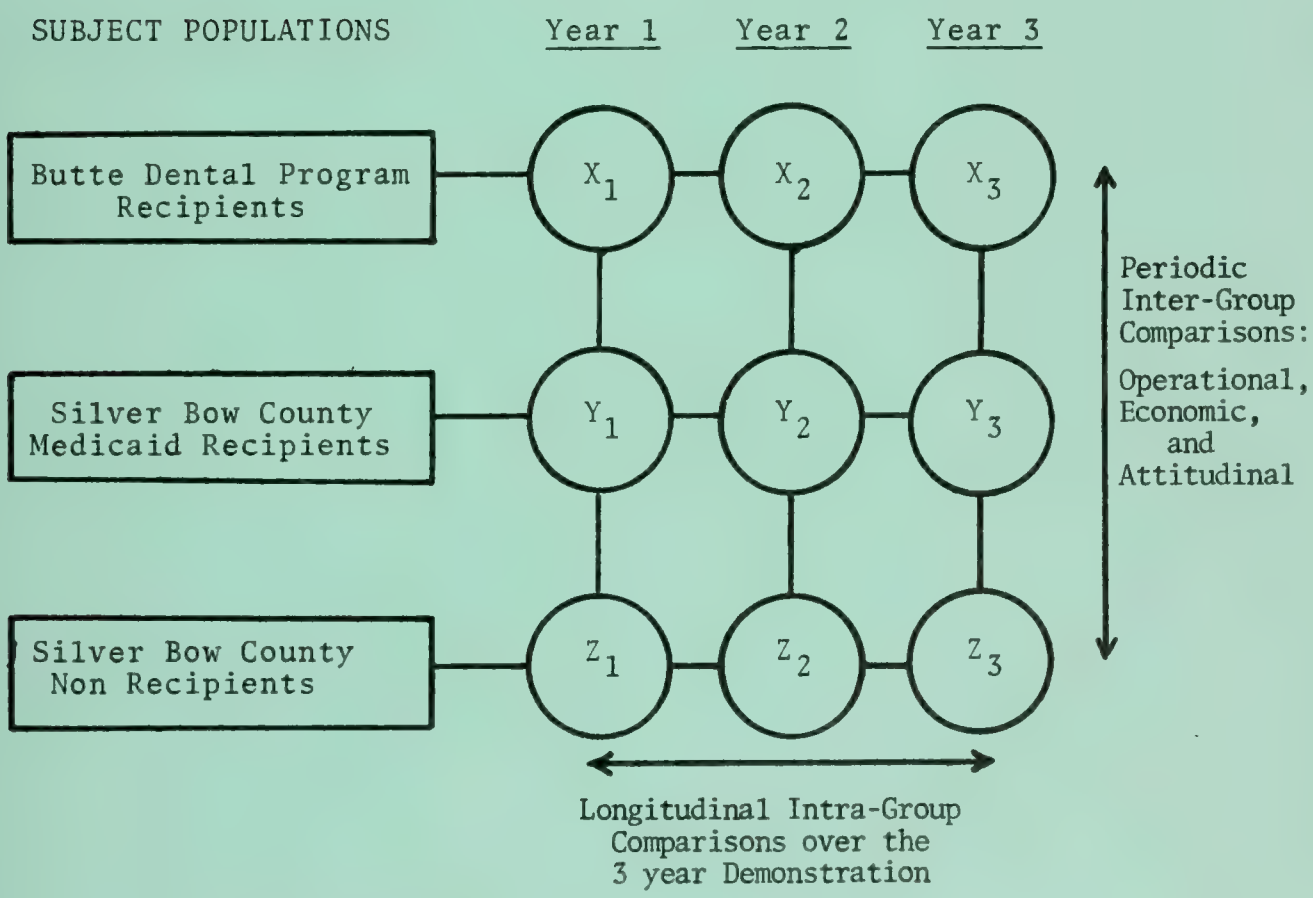
-- *That inclusion of supportive social services and dental care education into the medical delivery system increases the ability and willingness of recipients to utilize dental care.*

-- *That costs of dental care can be minimized through the use of abuse controls applied to both recipients and providers.*

These were the hypotheses which were tested in the evaluation process. Each was evaluated from operational, economic, and attitudinal perspectives. The research design included a comparison of these perspectives for the experimental group with two control groups:

the Silver Bow County Medicaid population (the primary control group) and a matched sample of low-income non-recipients also from Silver Bow County (the secondary control group). An overview of the research design is shown below:

BUTTE DENTAL PROGRAM
EVALUATIVE RESEARCH DESIGN



OVERALL RESULTS AND CONCLUSIONS

In summary, the results of the evaluation of the Butte Dental Program are as follows:

- -- This particular concept of pre-paid dental care was operationally feasible but economically unsound since it resulted in the State's paying higher rather than lower total fees for dental care services for the disadvantaged.
- -- Aside from the premium structure, which made the program financially unsound, downward trends regarding utilization of benefits were definitely established by this concept of extensive remedial care followed by maintenance of dental health.
- -- The evaluation clearly established that low income recipients had a considerable reluctance to share in the cost of their dental care, under these particular arrangements.
- -- Supportive social services were considerably effective in supporting development of good dental health care practices, in spite of the fact that the social services component was not significantly large.
- -- Abuse controls established by the project were generally not proven effective although lower incidences of provider abuse were experienced.

In conclusion, only two of the five demonstration hypotheses were proven valid: lower utilization trends resulting from preventative remedial care, and effectiveness of social services in developing positive dental care attitudes and practices. On the other hand, the program was economically unsound, premium participation was rejected by recipients, and abuse controls were only minimally effective in reducing the very high costs of the program relative to resulting benefits. *We must therefore conclude that this particular model of pre-paid dental care was not proven successful by this evaluation*.

RECOMMENDATIONS

The results of this demonstration - both the positive and negative findings - lead us to suggest several basic recommendations for the State to consider in seeking ways to improve dental care services to recipients while minimizing costs associated with these services.

First, since the high premium structure contributed significantly to the economic disadvantage of the program, we recommend that, in negotiating any future pre-paid arrangements, strict limitations should be established regarding the amount of excess funds exceeding claims paid which may be retained by the carrier. A negotiated type of "shared risk" arrangement between the State and the carrier could serve to insure that benefits received will approximate premium expenditures. Secondly, any program of this type should have social service support due to the need to educate low income people in utilizing health care benefits. This is a mandatory process for any program emphasizing preventative care. Finally, the State should consider establishing an arrangement to continue maintenance care for Butte Dental Program recipients and continue tracking their utilization experience. Since the considerable investment in extensive remedial care has already been made, the benefits of continued dental health could be further assessed to test the true cost effectiveness of preventative dental care over the long run.

SECTION I

INTRODUCTION

I. INTRODUCTION

A. BACKGROUND

In Montana, as elsewhere, costs of providing medical care have skyrocketed over the past ten years. The costs of both medical services and the delivery systems through which they are provided have increased to the point where both private and public sources of health care funds have been strained to meet the increasing demand. Publicly funded health care programs, such as Medicare and Medicaid, have been particularly affected and the costs of providing health care services through these programs have increased dramatically.

The State of Montana recognized the problems associated with rising health care costs and decided to undertake several health care demonstration projects designed to test different methods of health care delivery. One of these projects, the Butte Dental Program, was designed to test the concept of pre-paid dental care for low income individuals and families. The program was envisioned as a possible alternative to the present fee-for-service arrangement of providing dental care to Medicaid recipients. The results of the three year demonstration period were to be evaluated from three perspectives: operational, attitudinal, and economic.

B. PROGRAM DESIGN

The overall program design is described below relative to the following four areas:

-- target population and eligibility
-- payment for dental care
-- dental services provided
-- supportive social services

1. Target Population and Eligibility

The Butte Dental Program was limited to low-income residents of Silver Bow County who were not covered by Medicaid. To initially qualify for the program, a recipient's household income could not exceed 133 1/3 percent of the State's Medicaid eligibility level. While probable qualification for "categorical relationship"[1] was a factor in determining eligibility, it was not an absolute requirement for participation. Even so, about half the enrolled households would have qualified for categorical relationship status. Most of these households fell into the "medically needy"[2] classification.

---

[1] Aid to Families with Dependent Children (AFDC), Aid to the Permanently and Totally Disabled (APTD), Aid to the Blind (AB), and Old Age Assistance (OAA).

[2] Financially eligible for medical assistance at a level exceeding eligibility for financial maintenance assistance but still insufficient to meet the costs of medical care.

There were relatively few households enrolled in the project which would have been eligible for the State's Medicaid program on the basis of both income and categorical relationship.

Outreach activities for enrolling participants were conducted by community aides from Butte's Model Cities and Community Action Programs as well as by the project's Eligibility Technician and Social Service Aide. Certification for enrollment was performed by the project's Eligibility Technician who was located in the community's Family Service Center. After certification, recipients were issued an account number and identification care. They were then free to exercise their choice in selection of a dentist who would provide them with needed dental care.

2. Payment for Dental Care

As described above, dental services were provided through a *privately underwritten, pre-paid insurance plan* in contrast to the "fee-for-service" reimbursement system under Medicaid. The Delta Dental Plan of Montana, a non-profit association composed of practicing dentists in Montana, was the underwriter for the program. During the first program year, the project paid for dental services on a fee-for-service reimbursement basis to Delta. Under contractual agreement, the Delta Plan processed all claims submitted by the dentists, made fee disbursements, and prepared utilization reports on the program for the State. In consideration for its services,

Delta received a 10 percent administrative fee based on total claims paid in the first program year.

This "cost plus" arrangement was necessary at first in order to gather utilization data on dental care services required by low income recipients since no previous actuarial data existed for a group of this nature. A history of dental care utilization and cost data was prepared based on the results of the first program year. Prior to the second year of program operation, a pre-paid insurance plan was developed through negotiations between Delta and Montana SRS; this arrangement became operational in the second year of program operations. A unique feature of this plan was that if a family's income were to increase beyond the initial eligibility level, it could elect to remain in the program by helping to pay its premium. (This "premium participation" aspect of the plan was never implemented, however, for reasons which will be discussed later.)

The pre-paid plan consisted of two major types of coverage -- "Initial" and "Maintenance." The former covered new program participants and was designed to provide the necessary remedial care to correct basic dental deficiencies. The "Maintenance" plan covered participants who had already received the extensive remedial care under the Initial plan and who were expected to require only normal dental services in the future. These two plans of coverage are described in detail in Section III of this report.

3. Dental Services Provided

The dental services to which program participants under the Delta Plan were entitled under the Initial Plan were basically similar to those provided under the State's Medicaid plan: regular and special restorative treatment, preventative services, and prosthetics. Appendix A-1 presents a comparison of the benefits under Delta's Initial coverage and the State's Medicaid program. Maintenance benefits were somewhat more limited, however, since it was envisioned that early remedial treatment would obviate the need for subsequent extensive restorative treatment.

4. Supportive Social Services

In order to assist participants in fully utilizing the dental services available to them, the project design included a comprehensive follow-up system emphasizing dental care education. Follow-up activities included ensuring that participants were adhering to prescribed treatment, providing education regarding the nature and importance of dental care, obtaining participants' perceptions concerning treatment received, explaining questions regarding financial arrangements, arranging transportation and child care to assist participants in keeping appointments, and providing general counseling in good dental health practices.

The general areas above are discussed in further detail in Section III.

C. DEMONSTRATION OBJECTIVES

Some of the demonstration objectives of this project related specifically to issues of concern to the State of Montana. Others have implication for decision-making on the part of Congress and the Administration since they reflect Medicaid and other health care reform measures contained in pending legislation. The project's demonstration objectives are listed below; later in this report, in Section II, they are translated into "demonstration hypotheses" for evaluative research purposes. There are four basic demonstration objectives, as described in the original project application:

-- Determine the feasibility of providing dental services to the disadvantaged through a *prepaid* insurance plan.

-- Examine the long-term benefits of providing comprehensive *initial* treatment followed by a comprehensive dental care *maintenance* program as compared to a program of providing "after the fact" care of dental disorders as they occur.

-- Demonstrate ways to control State costs of providing dental services, including premium contributions by recipients (in line with their ability to pay) and implementation of abuse controls applied to both providers and users.

-- Examine and test approaches to educating recipients in the importance of dental care through supportive social services and a comprehensive system of dental health education.

This section has described the background of the project, the basic program operations, and the objectives of the demonstration. The following section presents the research design which was employed to evaluate the program, and the results of the evaluation.

SECTION II

RESEARCH DESIGN, RESULTS, AND RECOMMENDATIONS

II. RESEARCH DESIGN, RESULTS, AND RECOMMENDATIONS

This section of the report describes the basic research design which was implemented to evaluate the Butte Dental Program. The results which were determined from the research are also summarized here by demonstration hypothesis. The detailed results are presented throughout the remainder of the report. Finally, overall recommendations are presented here which have been formulated from the results of the evaluative research and have a bearing on future health care policies and implications.

A. RESEARCH DESIGN

The Butte Dental Program is a "demonstration" project under Title XI, Section 1115 of the Social Security Act. The project was initiated by the State of Montana Department of Social and Rehabilitation Services (SRS) for the purposes of: (1) demonstrating, through the program's operation, the potential of alternative approaches to providing, administering, and maintaining quality dental service to the disadvantaged as contrasted to the approach used by the State's Medicaid Program; and (2) providing comprehensive dental care to low-income residents of Silver Bow County not presently covered by Medicaid. The program was approved for initial funding July 1, 1970, and completed its three year demonstration period October 31, 1973.

1. Demonstration Hypotheses

Some of the demonstration hypotheses of this project relate specifically to issues of concern to the State of Montana. Others have implication for decision-making on the part of Congress and the Administration, since they reflect Medicaid and other health care reform measures contained in pending National Health Insurance legislation. The project's demonstration hypotheses have been refined from the demonstration objectives presented in Section I. These hypotheses are discussed below, along with accompanying rationales for each.

Hypothesis:

1. *That it is economically and operationally feasible to provide comprehensive dental care to welfare recipients through a private, pre-paid insurance plan.*

There may be an alternative to the fee-reimbursement method of financing medical assistance for welfare recipients. That alternative may lie within a "partnership" with the private health insurance industry. Assumption of risk by private sector insurance carriers could result in lower dental care costs and improved dental care as a result of competition and operational efficiencies. A private insurer may also offer greater flexibility of benefit modification and dental services pricing than the State Medicaid plan.

Hypothesis:

> 2. *That a dental care program emphasizing initial remedial care followed by comprehensive maintenance treatment will result in substantial long-run health and cost advantages compared to "ad hoc" dental care under Medicaid.*

Under Medicaid, recipients generally obtain dental care only on an "as needed" basis, often in situations of severe dental crises. In contrast, a *programmed* plan of remedial and preventative treatment, augmented by dental health education, counseling and follow-up, might result in better dental health and lower costs over the long term.

Hypothesis:

> 3. *That low-income recipients will contribute to the cost of their dental care as their economic status improves by helping to pay their premiums.*

The State's Medicaid plan does not cover the "medically needy" and does not have "spend down" mechanisms for those recipients whose incomes increase beyond the eligibility level. Since all medical benefits are terminated for those whose incomes increase beyond the Medicaid eligibility level, there is a built-in "disincentive" for Medicaid recipients to improve their income status. If a plan were devised wherein State medical assistance was *gradually* reduced as incomes increased, perhaps there would be more

incentive for low-income families to continue improving their economic status by paying part of their dental care costs through premium contributions. This could, in turn, lead to less propensity for falling back onto the Medicaid rolls.

Hypothesis:

> 4. *That inclusion of supportive social services and dental care education into the medical delivery system increases the ability and willingness of recipients to utilize dental care.*

Welfare recipients' accessibility to health services, including dental care, is severely impeded by limited transportation, child care, health care counseling and follow up, and knowledge of available benefits. If these kinds of augmentive social services were provided to recipients, it might increase their understanding and use of dental care services available to them as well as enable them to adopt preventative dental health practices.

Hypothesis:

> 5. *That costs of dental care can be minimized through the use of abuse controls applied to both recipients and providers.*

Implementation of a new system of payments via pre-paid insurance requires new approaches to cost and abuse controls. Actuarial

techniques must be applied to determine appropriate premium structures and benefit modifications. Control mechanisms must be implemented and tested to ensure low costs and quality dental care.

These, then, were the hypotheses which were tested in the evaluation process. They consisted of general statements about the broad concepts which the project would test.

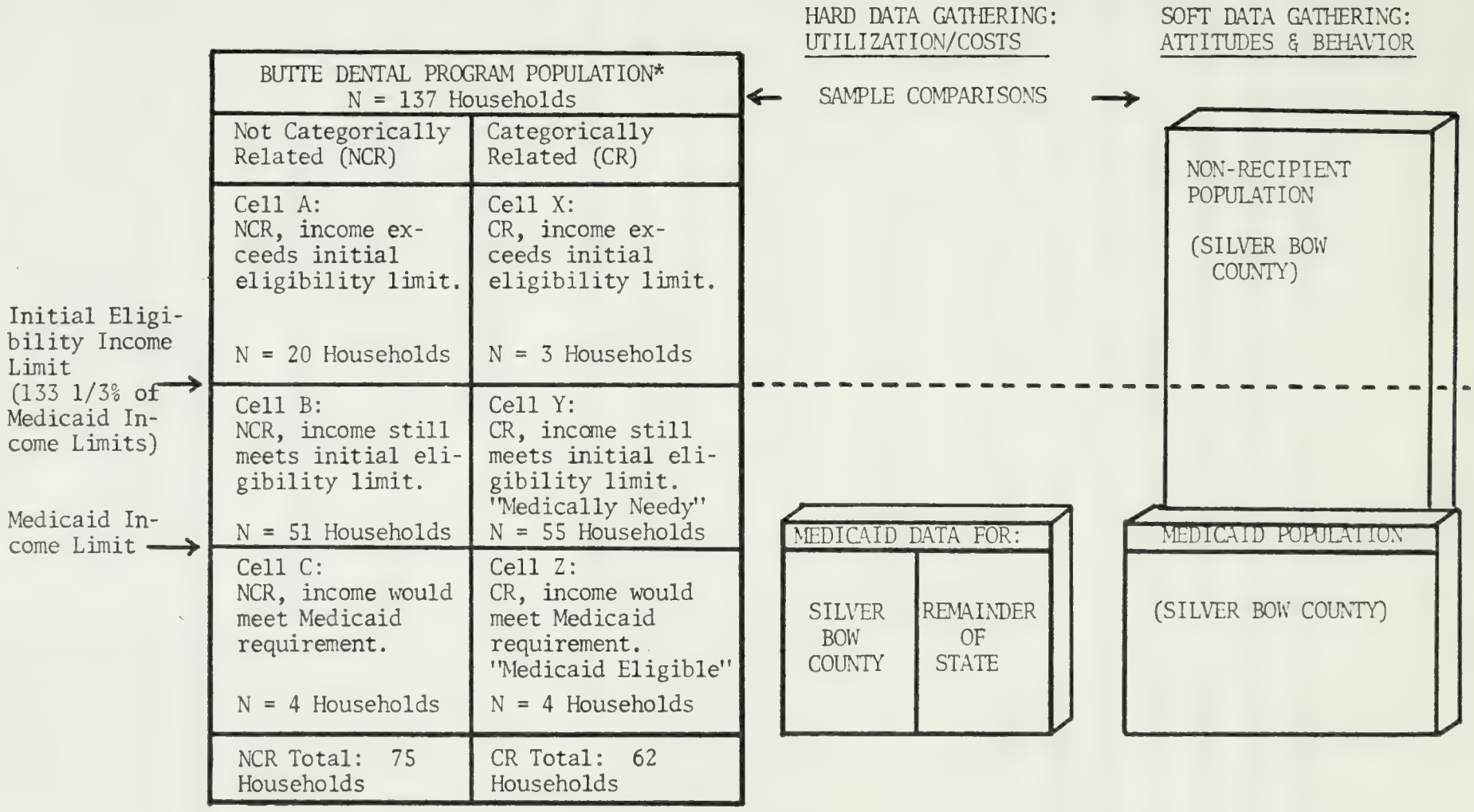
2. Scope of Evaluative Comparisons

Exhibit II-1 graphically portrays the Butte Dental Program population and the scheme of comparison with Medicaid recipients. The project population is composed of two major groups -- those who are "categorically-related" and those who are not. The former are represented by Cells X, Y, and Z; the latter by Cells A, B, and C. Cell Z represents those households which would meet all of the State's original Medicaid eligibility requirements. Cell Y depicts households which would meet the "medically needy" criteria (which was eventually implemented in July, 1973 by the State as part of its Medicaid plan). AFDC-UF households, which the State plan excludes, would be found in Cells A, B, and C. The reason there were so few households originally in Cells C and Z was that applicants who would apparently qualify for the County's public health program or Medicaid were first referred to those agencies.

The program was limited to residents of Silver Bow County (although coverage was subsequently extended Statewide for those recipients

EXHIBIT II-1

BUTTE DENTAL PROGRAM ORIGINAL POPULATION AND SCOPE OF COMPARISONS



* As of March 1, 1972



who moved out of the County). The evaluation comparisons were primarily concerned with Medicaid utilization and cost data for that county; however, inferences were made on a Statewide basis as well. Attitudes and behavior of both project and Medicaid recipients were compared with each other and also with those of so-called "Non-Recipients," i.e., Silver Bow County residents who did not receive dental services under either program.

3. Hard Data and Research Design

Medicaid's dental care utilization and cost data for Silver Bow County and the entire State were compared to similar data for Butte Dental Program recipients. The broadest quantitative measure was *average cost of dental care per recipient*. More detailed comparative measures also included:

-- average recipient cost by dental procedure performed;

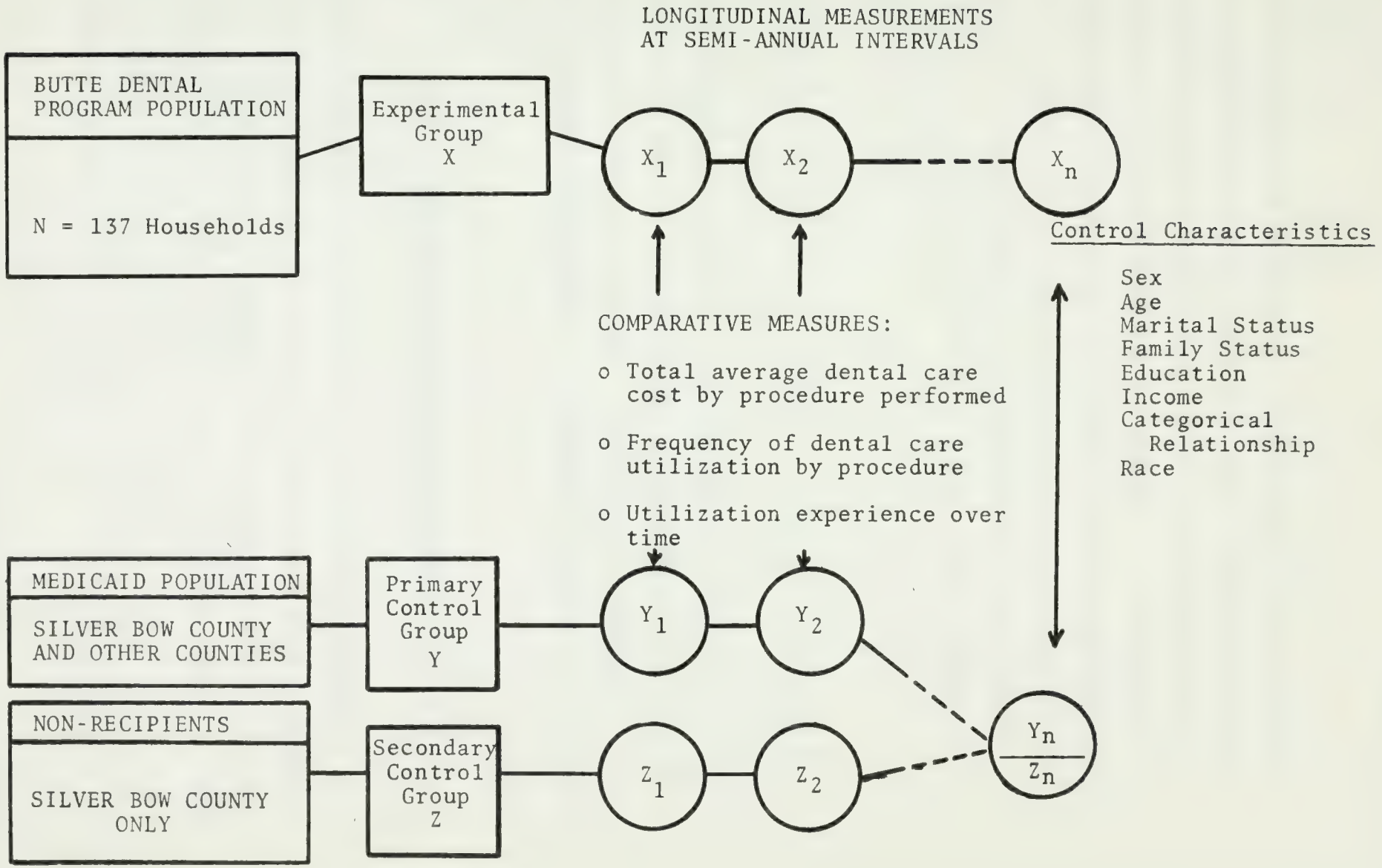
-- frequency of dental care utilization by procedure;

-- utilization experience over time.

Exhibit II-2 depicts the research design for this quantitative analysis. The project sample was referred to as the "experimental group," the Medicaid sample as the "primary control group."

EXHIBIT II-2

HARD DATA RESEARCH DESIGN



Computer programs were developed for reporting utilization and costs within the project on a monthly basis. The frequency and costs of dental care, by procedure performed, were analyzed separately for adult and children recipients. We developed and implemented a demographic information system which enabled analysis of these data by numerous recipient characteristics. An additional computer program was developed for interfacing the project and Medicaid reporting systems. These systems and comparisons are described in detail in Section IV of this report.

Another aspect of utilization and costs is the underwriting experience of the insurance carrier, Delta Dental Plan of Montana. We have carefully reviewed and assessed expenditures for dental care under both the cost-plus and pre-paid plans throughout the course of the program's operation. A detailed discussion of the carrier's financial experience is contained in Section III of this report.

4. Soft Data and Research Design

The principal yield of soft data was the attitudes, feelings and perceptions of those people affected by the Butte Dental Program -- recipients, participating dentists, the insurance carrier and Social and Rehabilitation Service administrators at the State and County levels. *We were especially concerned with how recipients felt about the program, for they were the direct beneficiaries of*

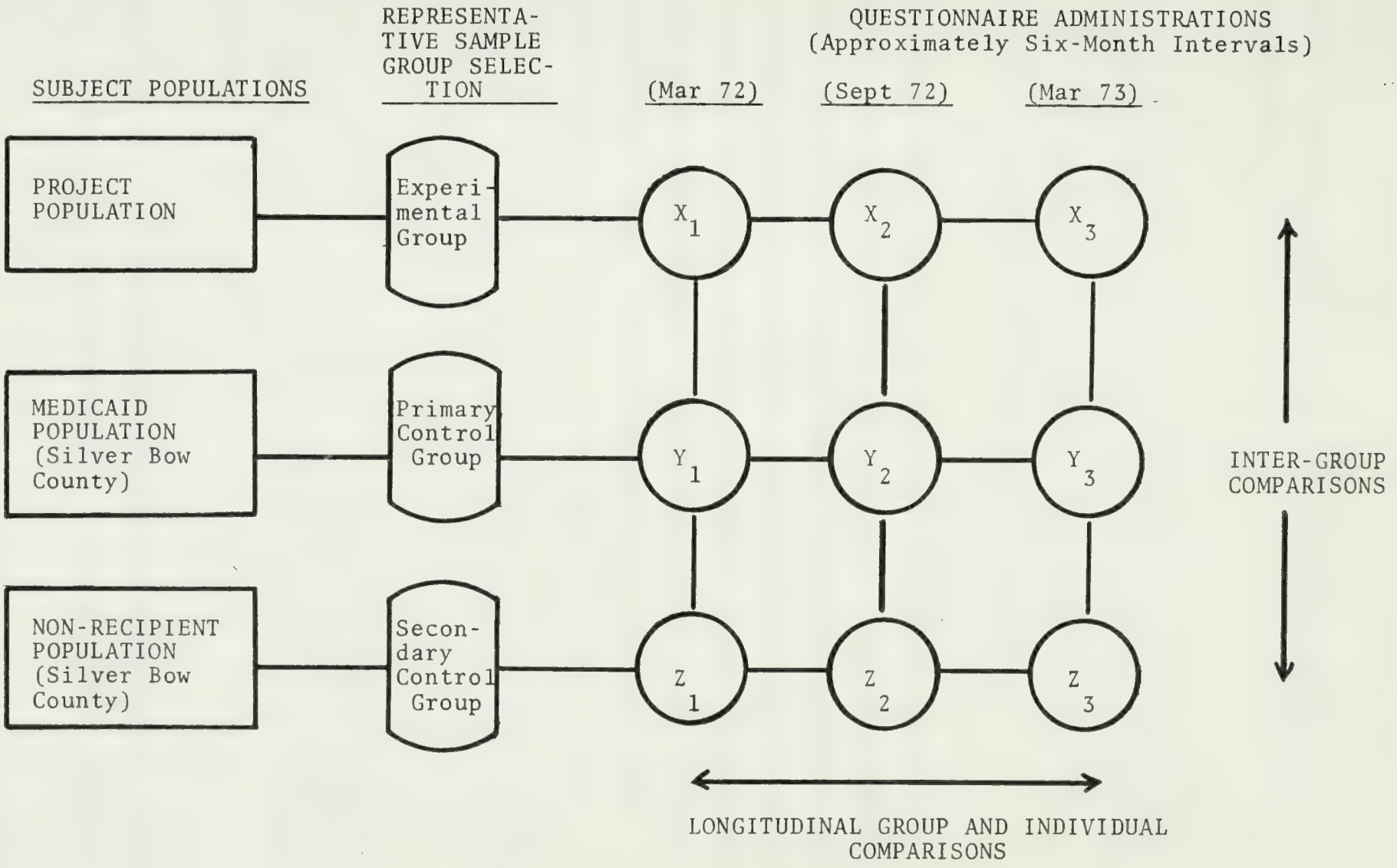
the project and the best source of information about its effectiveness and impact. Their attitudes and perceptions played a major role in influencing the outcome of program operations.

Accordingly, most of our efforts in gathering soft data centered around the development and administration of a recipient survey questionnaire. Its purpose was to compare the dental health care attitudes and behavior of Butte Dental Program recipients relative to Medicaid recipients over the demonstration period. The first step toward accomplishing this task was the definition and selection of sample groups. We randomly selected samples representative of project recipients and the Medicaid population within Silver Bow County. A "Secondary Control Group" was selected from Silver Bow County residents who were "Non-Recipients," i.e., they were not enrolled in either the project or Medicaid. Thus, there are three sample groups which were involved in the questionnaire administration: (1) Project recipients (Experimental Group), (2) Medicaid recipients (Primary Control Group), and (3) Non-Recipients (Secondary Control Group). Exhibit II-3 shows the scheme of the sample group comparisons and questionnaire administrations.

There were three administrations of the questionnaire over the demonstration period -- resulting in a "longitudinal" comparative study. The first administration occurred in the Spring of 1972, about eighteen months after the project actually began serving

EXHIBIT II-3

LONGITUDINAL RECIPIENT IMPACT STUDY





recipients. Subsequent administrations followed at approximately six-month intervals.

The *same* individuals were involved in each of the three administrations, enabling us to observe *individual* as well as *group* differences over time. We purposely "over-sampled" our groups to compensate for sample mortality caused by individual attrition.

Coincidentally with defining and selecting the sample groups, we began actual construction of the questionnaire. The demonstration hypotheses and evaluative criteria were very useful in identifying the information necessary to obtain from recipients and Non-Recipients. In order to further clarify the specific types of questions to include in the questionnaire, we enlisted the help of the recipients themselves, as well as dentists and project staff. This was accomplished through a series of separate "focus group sessions" which are essentially informal group discussions with key opinion leaders from these groups. These sessions enabled us to focus on key issues and concerns in the construction of the questionnaire and also served to generate a sense of participation on the part of many people who were, in one way or another, affected by the project. These focus group sessions and their results are described more fully in Section VI.

In addition to the attitudinal and behavioral comparisons of both groups of recipients and non-recipients, the questionnaire provided

important information regarding the effectiveness of the project's services as viewed by its consumers. This feedback was used to formulate recommendations for corrective action and improvement of services in the areas which were identified as deficient. In this way, the project was assisted in maximizing its potential for community impact.

Montana's Social and Rehabilitation Service administrators were another valuable source of soft data. Their opinions about the administrative ease of expanding and managing a program based on this project design were most valuable. Their perceptions of the operational effects of financing dental care through pre-paid insurance were another aspect of evaluation concern. These and other issues were the subject of interviews at several levels within the Department of Social and Rehabilitation Service at both the State and County level.

A full discussion of the survey process undertaken in this analysis is presented in Section V.

All of the above soft data collection and analysis activities together with those in the area of hard data contributed to our overall impact evaluation efforts. At the same time, this data provided useful management information for improving program services in order to maximize the potential for project impact.

* * *

This, then, was the research design which was implemented to evaluate the Butte Dental Program. The original demonstration hypotheses and criteria are shown in Appendix B-1.

Results of this research are presented below by demonstration hypothesis. Full results obtained from the implementation of this research design are presented throughout the body of this report.

B. RESULTS

Results of the evaluation are summarized below by demonstration hypothesis. First, evaluative criteria are discussed. Second, results are related to each of the evaluative criteria developed for the demonstration hypothesis. Third, an overall conclusion is formulated relative to the success or failure of each hypothesis. Finally, overall conclusions are drawn relative to the effectiveness of the Butte Dental Program in meeting its demonstration objectives.

1. Evaluative Criteria

Evaluative criteria were established by which each of the demonstration hypotheses was tested. These criteria were applied through a variety of quantitative and qualitative measurement, and in many instances involved comparisons between program and Medicaid recipients.

Quantitative measurements result in so-called "hard" data in that they are numeric, objective measurements of concrete variables. The phenomena they represent are not generally open to varying interpretation -- they are, for the most part, readily observable and apparent. In contrast, qualitative measurements produce "soft" data because they represent subjective phenomena -- feelings, attitudes, perceptions and opinions. While soft data are perhaps not

as readily observable or concrete as "hard" data, they are just as important, for people's feelings and attitudes can considerably influence the success of a program. The original demonstration hypotheses and their evaluative criteria are presented in Appendix B-1.

2. Results by Demonstration Hypothesis

In the pages that follow, evaluative criteria are listed for each demonstration hypothesis, and evaluation results compiled from implementation of the research design are related to each of the criteria.

DEMONSTRATION HYPOTHESIS I

1. *That it is economically and operationally feasible to provide comprehensive dental care to welfare recipients through a private, pre-paid insurance plan.*

QUANTITATIVE EVALUATIVE CRITERIA

("Hard Data")

CRITERIA	RESULTS
1. Dental care for program recipients which is equivalent in quality and scope to Medicaid.	1. *ACHIEVED:* Dental care for Butte Dental Program recipients was basically equivalent in quality and scope to Medicaid coverage. (See Section III, Appendix A-1)
2. Dental care provided to program recipients at a cost less than or not in excess of Medicaid.	2. *NOT ACHIEVED:* Dental care was not provided to program recipients at a cost less than Medicaid's. In fact, costs to the State were higher under the Butte Dental Program. (See Sections III, IV, Appendices C and D.)
3. Levels of unpaid claims and accounting errors less than or not in excess of Medicaid.	3. *ACHIEVED:* Levels of unpaid claims and accounting errors were virtually identical to Medicaid ex-experience. (See Section IV, Appendix D.)
4. Vendor payment systems faster than, or at least as timely as, Medicaid.	4. *ACHIEVED:* The Butte Dental Program's vendor payment system was as timely as Medicaid's. (See Sections II, IV.)
5. No financial loss or excessive gain for private insurer.	5. *NOT ACHIEVED:* The carrier experienced an excessive financial gain from the underwriting experience, particularly with respect to underutilization of maintenance benefits. (See Sections III, IV.)

DEMONSTRATION HYPOTHESIS I
(Continued)

QUANTITATIVE EVALUATIVE CRITERIA
("Hard Data")

CRITERIA	RESULTS
6. Forecasted long-term cost advantages.	6. *NOT ACHIEVED:* Forecasted long-term cost advantages were not realized due primarily to excessive premiums charged by the carrier; however, utilization trends were distinctly downward when benefits were analyzed separately from premiums. (See Section IV.)

QUALITATIVE EVALUATIVE CRITERIA
("Soft Data")

CRITERIA	RESULTS
1. Favorable reaction of participating dentists to pre-paid insurance plan; also to program generally.	1. *ACHIEVED:* Participating dentists reacted favorably to participating in the Delta Dental Plan and to the recipients whom they served (See Section VI.)
2. Positive recipient attitude toward insurance plan; willingness to help pay premiums should their incomes increase.	2. *NOT ACHIEVED:* Whereas there were very positive recipient attitudes toward the program, these attitudes did not extend into willingness to help contribute to the cost of dental care. (See Section V.)
3. Favorable attitude of insurer; willingness to continue underwriting low-income recipients.	3. *ACHIEVED:* The carrier evidenced a favorable reaction to the experience with the Butte Dental Plan, and indicated willingness to continue this type of underwriting activity. (See Section VI.)

DEMONSTRATION HYPOTHESIS I
(Continued)

QUALITATIVE EVALUATIVE CRITERIA
("Soft Data")

CRITERIA	RESULTS
4. Favorable attitude of project sponsor and supervisor regarding administrative practicality of a pre-paid program.	4. *ACHIEVED:* Neither the State SRS nor the Project Supervisor found major problems concerning administrative practicality of a pre-paid program. The only significant problem was the lag time which was experienced between payment of premiums and notification to recipients of eligibility. (See Section III.)

CONCLUSION

This demonstration hypothesis was proven invalid. Whereas the concept of the Butte Dental Program was proven to be operationally feasible (with the exception of implementing cost sharing arrangements with recipients), the economic results of the program were disadvantageous to the State when compared with Medicaid's fee for service system.

DEMONSTRATION HYPOTHESIS II

2. *That a dental care program emphasizing initial remedial care followed by comprehensive maintenance treatment will result in substantial long-run health and cost advantages compared to "ad hoc" dental care under Medicaid.*

QUANTITATIVE EVALUATIVE CRITERIA

("Hard Data")

CRITERIA	RESULTS
1. A trend toward lower average costs for "maintenance" care of program recipients as compared to average costs for dental care under Medicaid. Costs of care for program recipients will be evaluated on an actual fee basis. Trend should be evident after one year of maintenance coverage (July 1, 1972 for most program recipients) and point toward lower costs by July 1, 1973.	1. *ACHIEVED:* Lower trends for utilization of maintenance benefits were in fact realized on an actual fee basis. Lower trends were evident for both adults and children after two years of the demonstration. (See Section IV.)

QUALITATIVE EVALUATIVE CRITERIA

("Soft Data")

CRITERIA	RESULTS
1. Better dental health of program recipients as compared to Medicaid dental recipients, as indicated by the recipients' judgments of their dental health.	1. *ACHIEVED:* Butte Dental Program recipients expressed higher judgments of their dental health than either Medicaid or Non-Recipients. They also indicated increased awareness of the need for dental care than did the other two groups. (See Section V.)

DEMONSTRATION HYPOTHESIS II
(Continued)

CONCLUSION

This demonstration hypothesis was proven valid. Over the three year demonstration period, the Butte Dental Program resulted in significantly increased perceptions of dental health by recipients as well as a greater awareness of the need for continuing dental care. These results were not experienced to the same degree by Medicaid recipients. In addition, in spite of the high premium structure which made the program economically disadvantageous, trends toward lower utilization of benefits were clearly established by Butte Dental Program recipients.

DEMONSTRATION HYPOTHESIS III

3. *That low-income recipients will contribute to the cost of their dental care as their economic status improves by helping to pay their premiums.*

QUANTITATIVE EVALUATIVE CRITERIA
("Hard Data")

CRITERIA	RESULTS
1. Premium contributions by at least half of those program recipients whose incomes increase beyond the original eligibility level.	1. *NOT ACHIEVED:* There was overwhelming reluctance toward premium participation arrangements by program recipients whose income increased. As a result, no premium participation plan was initiated. (See Section III.)
2. Regularity and longevity of recipients' premium contributions.	2. *NOT ACHIEVED:* Due to this reluctance of recipients to contribute toward the cost of their dental care, no payments were made. (See Section III.)

QUALITATIVE EVALUATIVE CRITERIA
("Soft Data")

CRITERIA	RESULTS
1. Favorable recipient attitudes toward helping to pay premiums.	1. *NOT ACHIEVED:* Recipient attitudes were certainly not favorable toward helping to pay premiums. (See Section V.)
2. Favorable attitude toward amount of contribution.	2. *NOT ACHIEVED:* There were no significant favorable attitudes toward any amount of premium contribution. (See Section V.)

DEMONSTRATION HYPOTHESIS III
(Continued)

CONCLUSION

This demonstration hypothesis was proven invalid. Under the particular arrangements of the Butte Dental Plan, low-income recipients were not willing to contribute to the cost of their dental care as their income status improved.

DEMONSTRATION HYPOTHESIS IV

4. *That inclusion of supportive social services and dental care education into the medical delivery system increases the ability and willingness of recipients to utilize dental care.*

QUANTITATIVE EVALUATIVE CRITERIA
("Hard Data")

CRITERIA	RESULTS
.. More frequent utilization of dental care by program recipients than equivalent Medicaid sample.	1. *ACHIEVED:* Butte Dental Program recipients experienced more frequent utilization of dental care than did Medicaid recipients. (See Section IV.)
?. Fewer missed dental appointments by program recipients as opposed to Medicaid recipients; fewer late arrivals to appointments.	2. *NOT ACHIEVED:* There was virtually no difference with respect to missed dental appointments and late arrivals of Butte Dental Program recipients compared with Medicaid recipients. (See Section VI.)

QUALITATIVE EVALUATIVE CRITERIA
("Soft Data")

CRITERIA	RESULTS
. Less trouble getting to the dentist reported on the part of program recipients compared to Medicaid recipients.	1. *NOT ACHIEVED:* Butte Dental Program recipients did not report any less trouble in getting to the dentist than Medicaid recipients reported. (See Section VI.)
. More favorable attitudes toward dental care and dentists on the part of program recipients compared to Medicaid recipients.	2. *ACHIEVED:* Butte Dental Program recipients did exhibit more favorable attitudes toward dental care and dentists than did Medicaid recipients. (See Section V.)

DEMONSTRATION HYPOTHESIS IV

(Continued)

QUALITATIVE EVALUATIVE CRITERIA

("Soft Data")

CRITERIA	RESULTS
3. Less fear regarding dental treatment; more willing to seek dental care.	3. *ACHIEVED:* Butte Dental Program recipients were more willing to seek dental care on an on-going basis than were Medicaid recipients. (See Section V.)
4. Favorable recipient attitude toward social services provided.	4. *ACHIEVED:* Butte Dental Program recipients evidenced very favorable attitudes toward those social services which were provided by the program. (See Section V.)
5. More knowledge about dental care and higher propensity for utilizing preventative dental care on the part of program recipients compared to Medicaid recipients.	5. *ACHIEVED:* Butte Dental Program recipients were more knowledgeable about their dental care benefits than were Medicaid recipients. When Maintenance care was utilized benefits used were primarily preventative in nature, (See Sections IV, V, Appendix D.)

CONCLUSION

This demonstration hypothesis was proven valid. Even though supportive social services provided by the project were not extensive, the effect of these social services on recipients was positive and recipients reported that these services increased their understanding of the program and influenced their ability and willingness to utilize dental care.

DEMONSTRATION HYPOTHESIS V

5. *Costs of dental care can be minimized through the use of abuse controls applied to both recipients and providers.*

QUANTITATIVE EVALUATIVE CRITERIA

("Hard Data")

CRITERIA	RESULTS
1. Lower incidence of program recipient abuse than in Medicaid.	1. *NOT ACHIEVED:* Incidences of recipient abuses were reported as similar to those in Medicaid, although both were quite low. (See Section VI.)
2. Lower incidence of falsified dentist claims than in Medicaid.	2. *ACHIEVED:* Virtually no falsified dentists claims were uncovered by the Dental Review Board. In only a few instances did the Board require additional services from providers. This compared with several major abuses by dentists uncovered under Medicaid. This result was due to the process of prior approval of dental work by the carrier. (See Sections III, VI.)
3. Level of premiums which approximate actual fees plus administrative expense.	3. *NOT ACHIEVED:* The level of premiums considerably exceeded actual fees plus administrative expenses. (See Sections III, IV.)

QUALITATIVE EVALUATIVE CRITERIA

("Soft Data")

CRITERIA	RESULTS
1. Few or no fraudulent recipient or dentist claims decided by Dental Review Board.	1. *ACHIEVED:* The Dental Review Board did not discover any significant fraudulent claims by either recipients or providers during the course of the demonstration. (See Sections III,VI.)

DEMONSTRATION HYPOTHESIS V

(Continued)

CONCLUSION

This demonstration hypothesis was proven invalid. Although there was data which both supported and disproved the hypothesis, there was no clear indication that this particular method of abuse control was significantly effective in minimizing costs of dental care. In fact, total costs of dental care to the State were so much in excess of Medicaid costs that this experience suggests that abuse controls under a prepaid plan should focus on avoiding financial abuse by the carrier rather than by either the recipient or the provider.

3. Overall Results and Conclusions

In summary, the results of the evaluation of the Butte Dental Program are as follows:

-- This particular concept of pre-paid dental care was operationally feasible but economically unsound since it resulted in the State's paying higher rather than lower total fees for dental care services for the disadvantaged.

-- Aside from the premium structure, which made the program financially unsound, downward trends regarding utilization of benefits were definitely established by this concept of extensive remedial care followed by maintenance of dental health.

-- The evaluation clearly established that low income recipients had a considerable reluctance to share in the cost of their dental care, under these particular arrangements.

-- Supportive social services were judged considerably effective in supporting development of good dental health care practices, in spite of the fact that these services were minimal in this program.

-- Abuse controls established by the project were generally not proven effective although lower incidences of provider abuse were experienced.

In conclusion, only two of the five demonstration hypotheses were proven valid: lower utilization trends resulting from preventative remedial care, and effectiveness of social services in assisting to develop positive dental care attitudes and practices. On the other hand, the program was economically unsound, premium participation was rejected by recipients, and abuse controls were only

proven minimally effective in reducing the very high costs of the program relative to benefits resulting from the investment.

We must therefore conclude that this particular model of pre-paid dental care was not proven successful by this evaluation.

C. RECOMMENDATIONS

In spite of the above conclusion, the Butte Dental Program did demonstrate several positive findings relative to the provision of dental care, as discussed above. Obviously, we cannot recommend either continuation or expansion of the existing program model due to the negative overall evaluation findings. However, the lessons which are indicated by this experience do suggest the possibility of conducting some further experiments with the prepaid dental care concept.

The most significant finding of the evaluation was that extensive remedial care followed by a maintenance program will result in significantly decreased utilization. Without the financial disincentives of high premium rates, considerable savings might accrue to the State by adopting a similar method of dental treatment for Medicaid recipients. Whereas extensive remedial care would be quite expensive initially (even under a fee-for-service arrangement), long term costs could be reduced considerably, as indicated by the results of this demonstration. However, this approach would only be successful if the group involved were basically of a "closed panel" nature, i.e., the original recipients remain in the group and do not constantly go on and off the program, as is the general case in Medicaid. *It should be noted, however, that the three year demonstration period was not sufficiently long to enable a full assessment of the potential cost savings that might be realized.*

The results of this demonstration - both the positive and negative findings - lead us to suggest several basic recommendations for the State to consider in seeking ways to improve dental care services to recipients while minimizing costs associated with these services.

First of all, in negotiating any future pre-paid arrangements, strict limitations should be established regarding the amount of excess funds exceeding claims paid which may be retained by the carrier. This type of financial control is essential for proper insurance that benefits received will approximate premium expenditures. Accordingly, there is presently a movement toward "shared risk" arrangements in pre-paid plans. In these arrangements, the financial supporters of the plan (in this case, the State) would agree to cover excess costs which might be incurred as a result of the risk assumed by the carrier under pre-payment in return for more advantageous premium rates and guarantees of return of excess premium funds which exceed claims paid plus an allowable carrier "administrative fee" (usually between 10% and 15% of claims paid - or a somewhat lower percentage of premiums paid). This arrangement also lessens the incentive of both the carrier and providers to minimize utilization of benefits and therefore maximize profits at the expense of the financial intermediary and, ultimately, the recipient.

Secondly, any program of this type should have social services support. Low income people must be educated in how to use the benefits to which they are entitled - and this process is mandatory in any program which emphasizes preventative care. Recipients of the

Butte Dental Program attributed much of their satisfaction with the program to the inclusion of these social services.

Consequently, were the State to consider repeating an experiment of this nature, perhaps in another County - or even Statewide (which is presently underway in California) - such a program should include a mechanism for insuring financial controls over carriers (perhaps through a shared risk arrangement) and should contain both a social services component and a utilization tracking system which will facilitate evaluation of benefits received from the investment.

One final point should be made regarding the Butte Dental Program. The three year demonstration period of this project was not long enough to measure the true long-term impact of remedial care followed by maintenance of dental health. Trends in utilization were significantly downward, but may rise again in the future to some undefined level. The investment in extensive remedial care for Butte Dental Program recipients should not be wasted. The State should seriously consider establishing an arrangement by which continued dental care can be provided to these recipients, either under a prepaid, shared risk arrangement (as described above) or under a fee-for-service basis - and, additionally, establish on-going utilization tracking systems to test the true long-term effectiveness of preventative dental care. With the expensive investment in remedial care already made, the benefits of this future knowledge would be well worth this minimal investment.

SECTION III

OPERATIONAL EVALUATION

III. OPERATIONAL EVALUATION

A. ORGANIZATION

Staff Structure

The project staff organization which was approved and under which the project operated in the first year is shown on Exhibit III-1. Basically this staff consisted of one Eligibility Technician and one Clerk Typist as her assistant. This staff reported directly to the Silver Bow County Department of Public Welfare. The primary duties of the Eligibility Technician were to set up the project, design the administrative control mechanisms including forms and filing systems, and to supervise project operations. In addition, coordinating relationships (shown by dotted lines on the organization chart) were established with the Community Action Agency and Butte Model Cities program. The initial purpose of these relationships was to utilize the services of Community Aides from these agencies to perform outreach activities for the project. Later on in the project, the Model Cities program also assisted in providing assistance in follow-up activities as well, which is discussed further below under "Staff Activities."

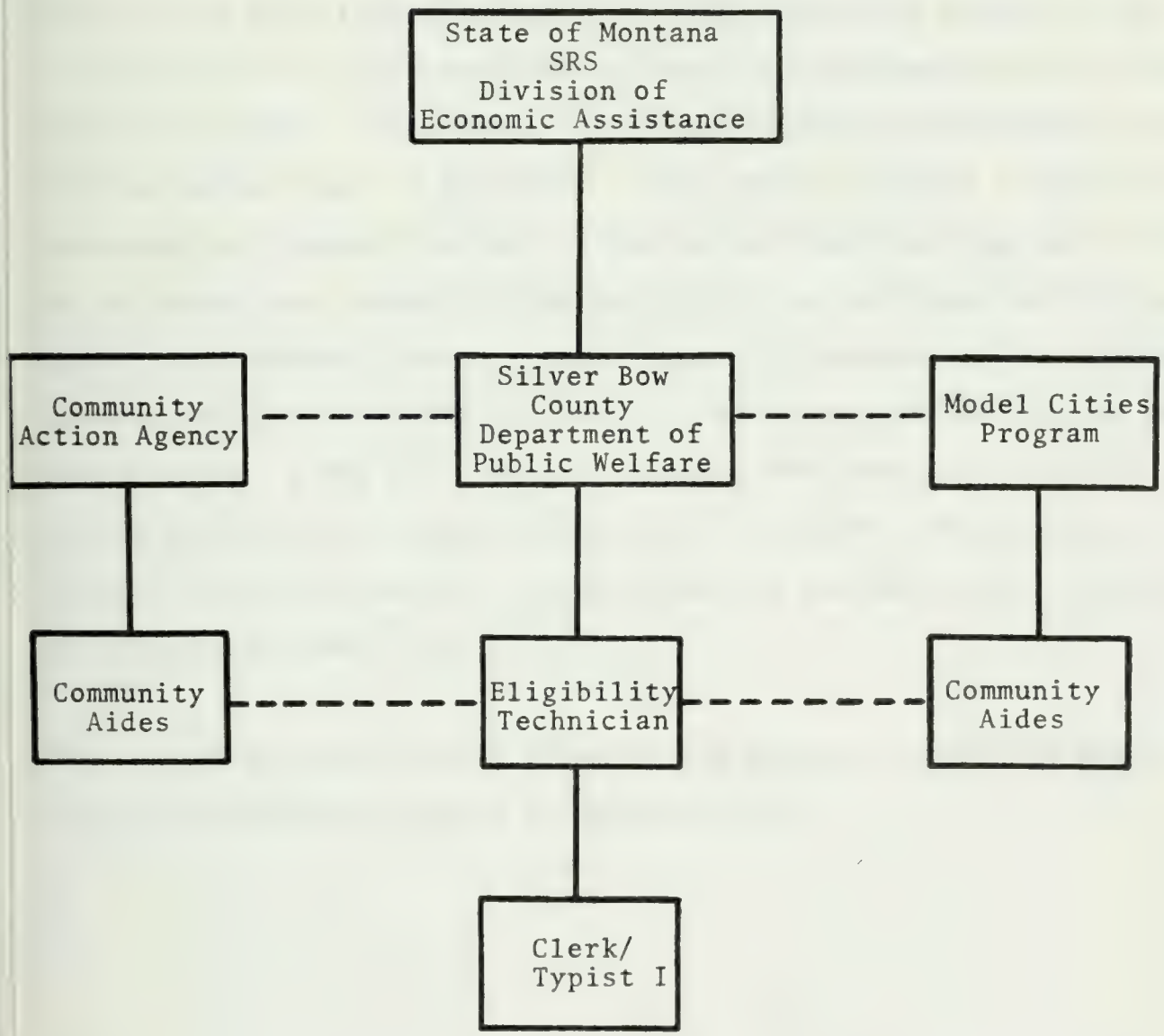
In addition to these basic administrative duties, there were certain supportive services provided to recipients by the project. These services included a comprehensive follow-up system to provide dental

EXHIBIT III-1

1st PROJECT YEAR

ORGANIZATION AND INTER-AGENCY LINKAGES

BUTTE DEMONSTRATION DENTAL PROGRAM



care education and related social services to program participants. Follow-up activities included ensuring that participants adhered to prescribed treatment, educating recipients regarding the nature and importance of dental care, obtaining participants' perceptions concerning treatment received, answering questions about financial arrangements, arranging for transportation and child care to assist participants in keeping appointments, and general counseling in family dental care practices. However, the administrative duties of the original project staff precluded effective performance of these supportive services. Therefore, the project requested additional staff for the second year of operation. This staff included a case-aide who would be responsible for overseeing and coordinating the provision of follow-up and related social services. In addition, the project requested a project supervisor to manage all aspects of the project. It was felt that the original Eligibility Technician (ET) could be upgraded and a new ET trained. In fact, the case-aide position was filled early in the second project year. However, the position of Project Supervisor was not created since it was determined unnecessary by Silver Bow County SRS.

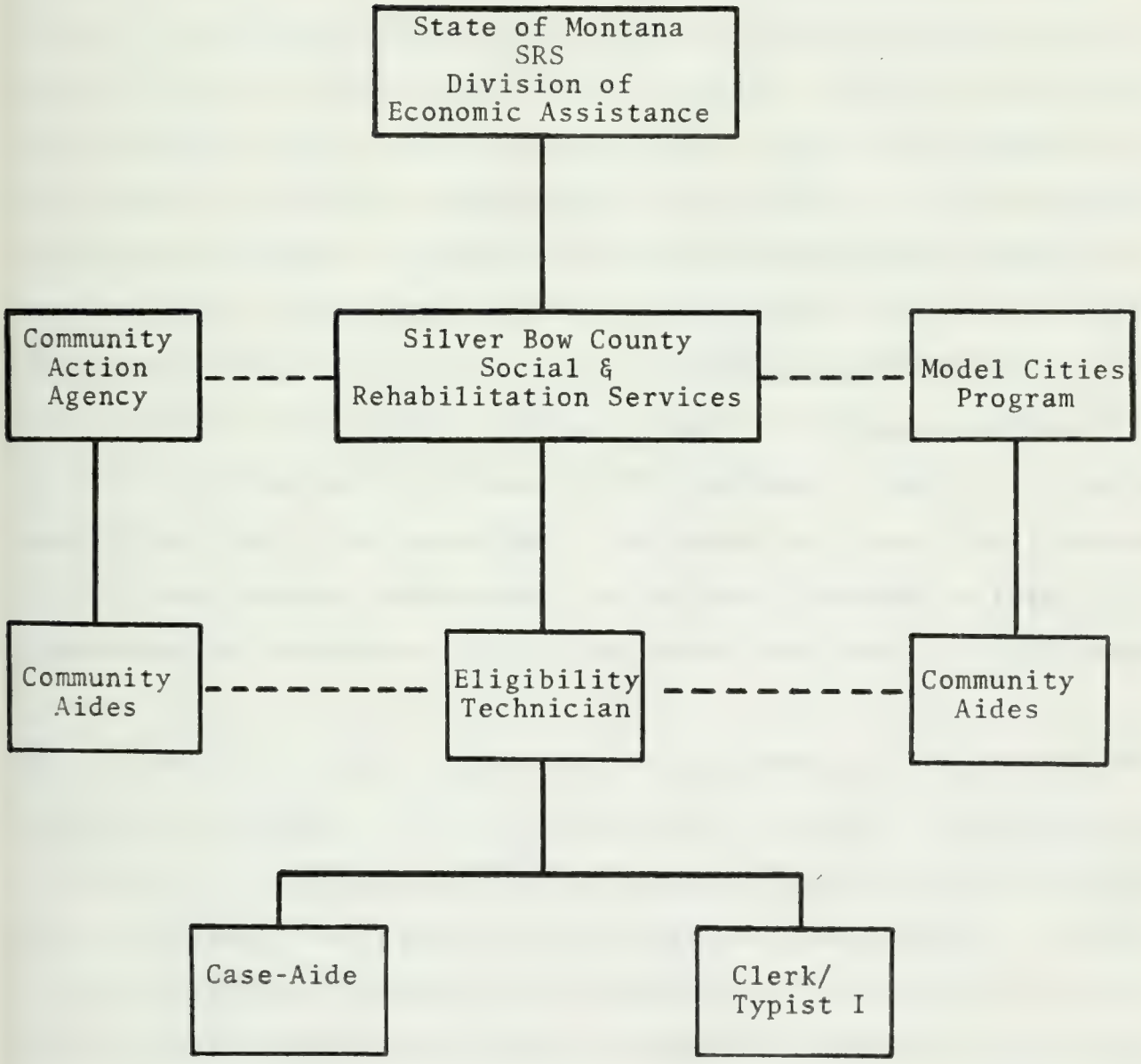
The resulting project staff organization for the second and third years of operation is shown in Exhibit III-2.

EXHIBIT III-2

2nd & 3rd PROJECT YEARS

ORGANIZATION AND INTER-AGENCY LINKAGES

BUTTE DEMONSTRATION DENTAL PROGRAM



Project Staff Activities

1. Outreach and Intake

Outreach activities were provided through a coordinated effort between the project's Eligibility Technician and the Community Aides of both the Butte Model Cities program and the Community Action Agency. In October and November 1970, the Eligibility Technician provided project orientation to the Community Aides who were working with the Model Cities Family Service Center and to the Community Action Agency's staff who were working in the Head Start and Operation Springboard programs. Referrals by these organizations resulted in a steady flow of applications to the Eligibility Technician. Another avenue of outreach consisted of an intensive process of project orientation in the local school system, primarily through contacting school nurses and making presentations at PTA meetings. Senior Citizens organizations were also contacted. Complementing these direct outreach efforts were general promotional activities, including a television appearance and newspaper article explaining the nature of the program.

By the end of May, 1971, these outreach efforts had resulted in 1842 individual contacts -- 1101 children and 741 adults. From this group a total of 677 individuals (415 children, 262 adults) in 166 families were certified as eligible to participate in the program. In order to be certified, applicants were required to file a declaration of income which did not exceed 133 1/3 percent of Medicaid eligibility levels. Some of those not certified had income over the eligibility

levels; others had to be temporarily excluded because of project funding limitations. (These latter individuals were the first to be added to the program after refunding.) Due to these funding limitations, intake was terminated in May, 1971. Residents who applied subsequently to the program were then placed on a waiting list pending additional project funding.

2. Case-Aide Home Visits

The new Case-Aide, who was on the County's AFDC caseload during her time on the project, participated in orientation and training classes provided by the State SRS in January, 1972. Training included familiarization with the various services available under the State SRS as well as general instruction in social service delivery techniques and client relationships. The Case-Aide received formal follow-up training for two days each subsequent month through April, 1972. Most of her skills development, however, were provided through on-the-job training given by the Eligibility Technician. This included training in program objectives, eligibility determination and review procedures, social service needs assessment, provision of child care and transportation services, and dissemination of general dental health care information. The Case-Aide was supervised on a day-to-day basis by the Eligibility Technician.

The Case-Aide began visiting recipient households on January 10, 1972 and a summary of these home visits is shown below in Figure 1.

Figure 1

Case-Aide Home Visits

Period	Number of Families Visited
1/10/72 - 3/1/72	27
3/1/72 - 6/30/72	96
7/1/72 - 12/15/72	48
1/73 - 5/73	36
6/73 - 9/73	18

As can be seen from this figure, an extensive outreach program was conducted to reach all households participating in the Butte Dental Demonstration project during the Spring of 1972. These visits were primarily to conduct service reviews with each family. The Case-Aide also provided transportation in a number of instances as well as other miscellaneous services.

3. "Brush-Ins"

During the second year of the project operations, an offer was made by the Butte Model Cities program to provide four part-time Community Aides to assist the project staff in several of its support functions. One of these activities was to assist the project in greater in-home attention to necessary dental care techniques.

The local dentists were opposed to this program, arguing that the paraprofessionals were not qualified to perform this activity. Instead, under the auspices of the County Health Director, the Butte Dental Case-Aide and Model Cities Community Aides began a series of "brush-ins" at elementary schools in Silver Bow County. These began on October 15, 1972 with the intention of demonstrating correct dental care to every child enrolled in the elementary school. The Butte Dental Case-Aide actually conducted the demonstration, with the four Model Cities Community Aides assisting her in the logistics of the operation. Exhibit III-3 lists the schools visited during the period of October, 1972 through April, 1973. By April 18, 1973, all schools had been visited. It was hoped that through these visits, the long-range dental health of residents of Silver Bow County could be considerably improved.

B. ENROLLMENT

The Butte Dental Program was initially limited to low-income residents of Silver Bow County who were not covered by Medicaid. To qualify initially for the program, a recipient's household income could not exceed 133 1/3 percent of the State's Medicaid eligibility level. While probable qualification for "categorical relationship"[1] was a factor in determining eligibility, it was not an absolute requirement for participation. Originally, about half the enrolled households

[1] Aid to Families with Dependent Children (AFDC), Aid to the Permanently and Totally Disabled (APTD), Aid to the Blind (AB), and Old Age Assistance (OAA).

EXHIBIT III-3

CASE-AIDE "BRUSH-IN" VISITS TO SILVER BOW ELEMENTARY SCHOOLS

October 15, 1972 - December 30, 1972

School	Classes	Children
Hawthorne	12	330
Lincoln	6	120
Emerson Annex	11	262
Kennedy	12	297
Sherman (Springboard)	10	186
Blaine	7	150
Sherman	5	103
McKinley	21	653
Total	84	2010

January 11, 1973 - April 18, 1973

Monroe	11	266
Emerson	22	503
Hillcrest	17	401
Webster Garfield	19	428
Longfellow	18	469
Madison	6	151
Harrison	6	89
Whitter	22	485
Greeley	19	479
Grant (Springboard)	28	460
Washington	13	162
Rocker	2	20
Ramsey	6	83
Melrose	3	37
Divide	2	12
TOTALS: 23 Schools	278 Classes	6146 Children



qualified for categorical relationship status. Under the national Medicaid legislation, almost all of these households would be termed "medically needy"[2]; coverage of this category was not originally included in the State's plan. There were very few households enrolled in the project that would be eligible for the State's Medicaid program on the basis of both income and categorical relationship status.

Based on our evaluation of the first year's operations in the areas of terminations, we recommended two waivers from the original eligibility rules. A full analysis of terminations or "closures" is included in a later section of this report, but those reasons for terminations reflected in the eligibility waiver are described below.

Persons who have moved out of Silver Bow County represented 42% of terminations which had occurred by June 30, 1972. Since Delta Dental Plan of Montana is a statewide organization, it was possible to continue to provide services to project recipients who enrolled in the program and subsequently moved from Silver Bow County but remained within the State of Montana. We felt continued coverage of this nature would be important for evaluation of the Maintenance Care hypothesis. Accordingly, procedures were developed with the DDP staff to locate and continue services for DDP recipients subsequently moving from the County. These procedures were implemented in the fall of 1972.

[2]Financially eligible for medical assistance at a level exceeding eligibility for financial maintenance assistance but still insufficient to meet the costs of medical care.

Persons terminated as a result of income increasing beyond DDP eligibility limitations represented another significant source of DDP attrition (16%). The DDP design originally anticipated that recipients falling into this category would participate in a Premium Contribution Plan; however, initial contact of families whose incomes increased beyond the eligibility level indicated an overwhelming rejection of the premium contribution concept. (This is discussed in detail below in the section on Premium Participation.) This attitude may have been an outgrowth of early program deficiencies in providing educational and follow-up activities; it may also have been heavily influenced by the fact that a recipient could not be assured of continued coverage beyond September 30, 1972, thereby making paid "long-term" maintenance care a highly questionable investment of limited available dollars. Accordingly, the State SRS authorized suspension of premium contribution requirements for retention of eligibility in July of 1972.

Although suspension of premium contribution curtailed a major demonstration objective, in our opinion it was more important to retain those individuals on the program in whom substantial amounts of remedial treatment had been invested rather than to disqualify them on the basis of increased income.

Enrollment Statistics

The enrollment history and resultant caseload size followed closely to plan throughout the course of the project with the exception of a few

temporary conditions which were unanticipated but subsequently resolved. During the course of the project it was necessary to design a detailed enrollment tracking system in order to track enrollment statistics in an accurate and timely manner. Project staff developed a monthly caseload report form which presented at any point in time the actual and pertinent enrollment figures. This report is included in its entirety as Appendix C-1. Summaries of statistics relative to enrollment are shown in Exhibits III-4 and III-5. The following discussion presents our observations on the various levels of enrollment.

During the first funding year a total of 677 individuals from 166 households were certified as eligible for the program as a result of the initial outreach activities undertaken by the Community Aides. Even though outreach and intake continued at a considerable level throughout that year, the closure rate exceeded that which was anticipated, resulting in a reduction of the caseload. However, the eligibility waivers described above offset this effect in the second funding year, enabling the caseload to stabilize at approximately 450 - 500 individuals.

At the beginning of the third funding year it was found that the project was having difficulty in finding and certifying new enrollees for the Initial Plan. Even though the rate of terminations had been considerably reduced, it was desirable to add 150 additional enrollees to the Initial Plan in the third year. In order to locate these individuals, the State SRS, through the office of the Silver Bow County

EXHIBIT III-4

YEARLY ENROLLMENT SUMMARY

COVERING PROGRAM FROM START TO SEPTEMBER 30, 1973

ENROLLED on INITIAL PROGRAM

	AGE 20 & OVER	AGE 19 & UNDER	TOTALS
First Funding	268	409	677
Second Funding	61	75	136
Third Funding	88	88	176
Totals:	417	572	989

REINSTATED on INITIAL PROGRAM

First Funding	0	0	0
Second Funding	72	95	167
Third Funding	5	10	15
Totals:	77	105	182

PREMIUMS PAID for MAINTENANCE

3 month maintenance	119	195	314
Second year maintenance	157	256	413
Third year maintenance	215	296	511
Totals	491	747	1,238

EXHIBIT III-5

HISTORICAL ENROLLMENT SUMMARY

STATISTICS TO SEPTEMBER 30, 1973

FUNDING / ENROLLMENT	FIRST FUNDING				SECOND FUNDING				THIRD FUNDING			
	MARCH, 1971		SEPT., 1971		MARCH, 1972		SEPT., 1972		MARCH, 1973		SEPT., 1973	
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD
CASELOAD												
Initial	216	336	0	0	75	94	60	74	54	75	43	38
Maintenance	0	0	119	195	112	173	135	209	173	255	213	296
TOTALS:	552		314		454		478		557		590	
CUMULATIVE ENROLLMENT	220	337	268	409	313	456	329	484	384	556	417	572
TOTALS:	557		677		769		813		940		989	
CUMULATIVE CLOSURES	4	1	67	83	114	157	122	168	124	173	131	185
TOTALS:	5		150		271		290		296		316	

Welfare Director, worked out a plan whereby general assistance families could be transferred from the County Dental program to the Demonstration Dental Program. Because of this plan, the intake goal was reached and the caseload built back up to 557 individuals by March, 1973.

Most of this last group of enrollees completed their initial programs and were transferred to the maintenance plan by mid-summer. Intake into the Initial program was finally closed in May, 1973, and the resultant final caseload is shown on Exhibit III-6.

Closures

An analysis of enrollment figures at the end of the first year of project operations indicated a very high percentage (29%) of those who had been enrolled had terminated from the program. Of the 198 enrollees who had terminated that first year, one-third had moved out of the County or could not be located, while another one-fifth went on Medicaid. Because of these extremely high figures, several changes in eligibility and outreach activities were instituted which have been described above.

Exhibit III-7 on the following page indicates the reasons for closures during the course of the project and illustrates the effect of eligibility modifications on closures.

EXHIBIT III-6

ENROLLMENT AS OF SEPTEMBER 30, 1973

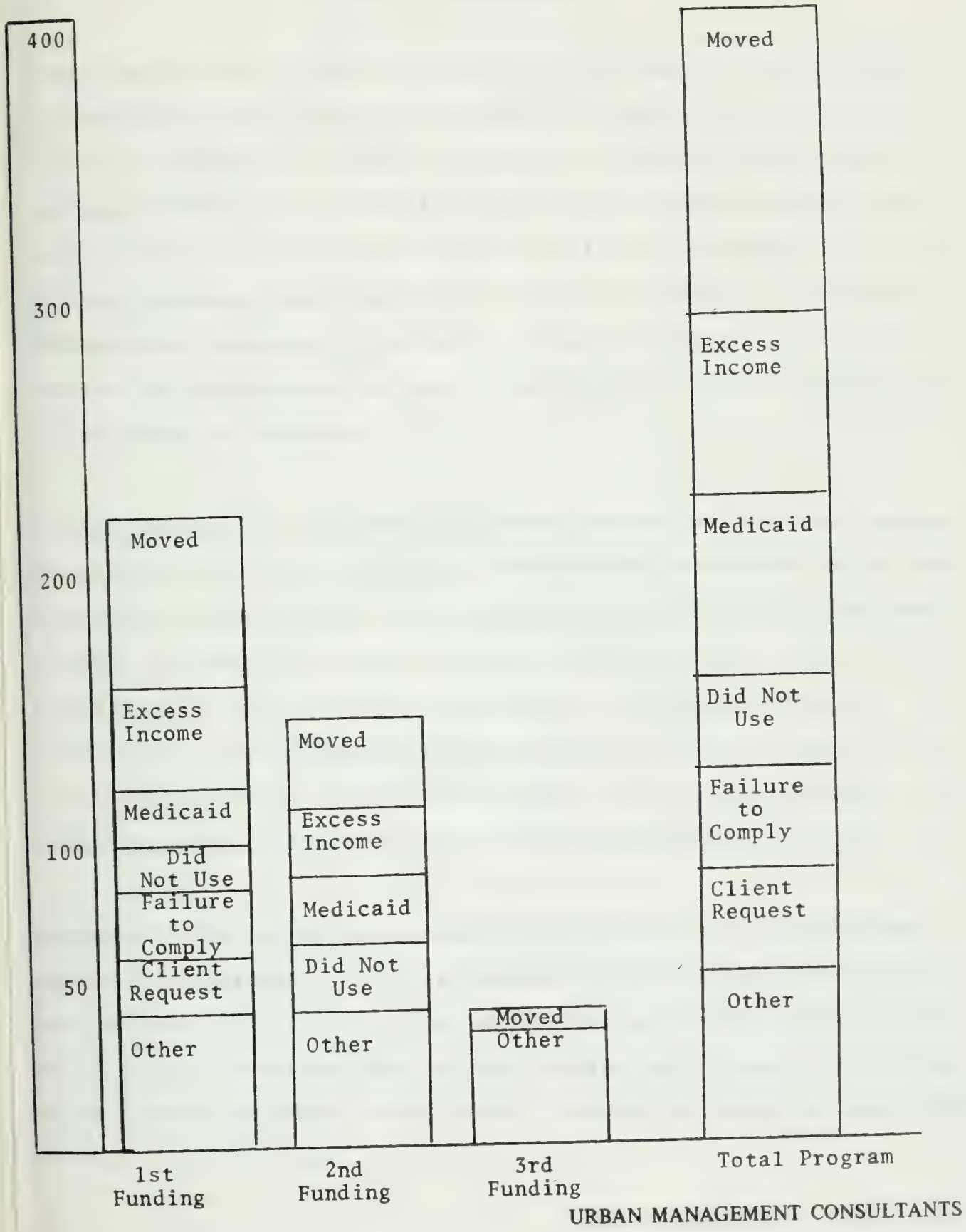
UNDER THIRD FUNDING

INSURANCE PLAN		AGE 20 & OVER	AGE 19 & UNDER	TOTALS
INITIAL				
Male		26	24	50
Female		17	14	31
	Totals:	43	38	81
MAINTENANCE				
Male		94	147	241
Female		119	149	268
	Totals:	213	296	509

TOTAL INDIVIDUALS: 590

EXHIBIT III-7

ANALYSIS OF CLOSURES



URBAN MANAGEMENT CONSULTANTS

Premium Participation

A key demonstration feature of the pre-paid plan was the provision for recipient contributions to premiums. Under this plan, rather than be terminated for excessive income, recipients whose incomes increased beyond the eligibility level (over 133% of welfare standards) could elect to continue their dental care by paying part or all of their premium, according to their financial ability. A premium contribution schedule, graduated by income and family size, was developed and implemented in January, 1972. This schedule is included in the report as Appendix C-2.

Initial contact of those families whose incomes had increased beyond the eligibility level indicated an overwhelming rejection of the premium contribution concept. This attitude may have been an outgrowth of early program deficiencies in providing educational and follow-up activities; it may also have been heavily influenced by the fact that a recipient could not be assured of continued coverage beyond the current project funding, thereby making paid "long-term" maintenance care a highly questionable investment of limited available dollars.

Continued rejection of the premium participation plan by recipients resulted in implementation of a permanent waiver of the income criteria for continued eligibility. The inevitable conclusion to this aspect of a pre-paid insurance plan is that premium participation on the part of recipients for dental care is not a viable consideration under these particular arrangements.

Eligibility Waivers

The preceding sections on enrollment indicate the considerable effect of waivers in eligibility requirements on the intake and retention of enrollees in the Butte Demonstration Dental Program. During the second and third funding years, it was desirable to know the number of months that eligible enrollees were qualified under the original eligibility rules and the number of months these persons were qualified or were retained under the amended eligibility rules. Exhibits III-8 and III-9 present tabulations of these statistics for the second and third funding years. During the second funding year, approximately 15% of those on initial benefits eventually became ineligible, and 35% of those on the maintenance program became ineligible. During the third funding year, these figures increased to approximately 34% for those on initial benefits and 52% for those on the maintenance program.

C. DENTAL CARE AND COSTS

Dental services for program participants have been provided through the Delta Dental Plan of Montana under two types of payment arrangements. During the first program year, payments to dentists were made by Delta on a "fee-submitted-reimbursement" basis. Delta itself was paid by the State on a "cost-plus" arrangement, under which Delta was allowed a 10% fee for administration. This method of payment allowed for accumulation and study of utilization and cost data for subsequent

EXHIBIT III-8

2nd FUNDING YEAR

INITIAL BENEFITS

Months	Age 20 and Over Eligible	Age 20 and Over Elig./Waiver	Age 19 and Under Eligible	Age 19 and Under Elig./Waiver
10	13	0	17	0
9	12	0	9	0
8	9	0	8	0
7	7	0	21	0
6	12	3	8	1
5	10	3	15	3
4	15	1	16	0
3	14	3	26	3
2	20	1	20	1
1	12	6	19	10
	124	17	159	18

MAINTENANCE BENEFITS

10	50	0	67	0
9	5	0	16	0
8	7	0	5	0
7	12	0	23	0
6	10	9	13	28
5	20	16	30	18
4	24	3	48	11
3	4	10	8	8
2	13	4	27	3
1	8	6	14	29
0	4	0	5	0
	157	48	256	97

This Exhibit presents statistics covering persons certified for Initial and Maintenance benefits under the second funding (11-31-71 to 9-30-72), giving number of months persons were still eligible under original rules and regulations and number of months persons were retained through waivers. (Please note that periods of less than one-half month were disregarded and periods of more than one-half month were counted as a full month.)

EXHIBIT III-9

3rd FUNDING YEAR

INITIAL BENEFITS

Months	Age 20 and Over Eligible	Age 20 and Over Elig./Waiver	Age 19 and Under Eligible	Age 19 and Under Elig./Waiver
12	0	0	0	0
11	0	0	0	0
10	0	0	0	0
9	1	1	3	0
8	2	0	4	0
7	6	13	17	13
6	4	0	14	0
5	15	14	16	7
4	11	4	8	1
3	11	4	9	4
2	2	4	2	6
1	3	3	4	0
	55	43	77	31

MAINTENANCE BENEFITS

12	47	78	87	95
11	0	1	0	4
10	12	9	7	10
9	3	4	6	4
8	3	6	3	11
7	5	2	8	6
6	6	4	7	9
5	3	4	7	0
4	8	4	6	4
3	3	1	2	3
2	21	11	31	7
1	3	1	13	3
	114	125	177	156

This Exhibit presents statistics covering persons certified for Initial and Maintenance benefits under the third funding (10-01-72 to 9-30-73), giving number of months persons were still eligible under original rules and regulations and number of months persons were retained through waivers. Again, please note that periods of less than one-half month were disregarded and periods of more than one-half month were counted as a full month.)

development of a pre-paid insurance plan. Based on experience under the "cost-plus" arrangement, Delta and the State SRS entered into negotiations and established the pre-paid plan for the second program year.

Below we discuss the operation, dental care utilization, costs, and our assessment of both payment arrangements. In the next section, we review the carrier's financial experience under the two payment arrangements.

Cost-Plus Arrangement - First Program Year

The contract for the cost-plus method for payment (included here as Appendix C-3) was in effect from November, 1970, to September 30, 1971. During that period, 677 individuals (415 children, 262 adults) in 166 households were certified as eligible to participate in the program and obtain remedial dental care. Under this arrangement, 427 individuals (254 children, 173 adults) received dental care, with 396 completing comprehensive remedial treatment plans.

Exhibit III-10 presents utilization and costs by dental procedure performed under the cost-plus system. A total of $92,823 was expended for dental care. About one-third of expenditures was for children (19 and under) who accounted for 60% of recipients. The overall average cost per recipient was $218, whereas the average cost for children was $122; for adults $361.

EXHIBIT III-10

DENTAL UTILIZATION NOVEMBER 70 THROUGH SEPTEMBER 71 -- COST PLUS ARRANGEMENT

	ADULTS	CHILDREN	TOTAL
Number of Dental Service Recipients	173	254	427
Total Expenditures for Service	$62,375	$30,877	$93,252
Average Recipient Expenditure	$361	$122	$218

Dental Services by Procedure and Expenditures -- Adults and Children

	Number of Procedures		Expenditures		% of Total Expenditures		Average Expend. per Procedure	
Type of Procedure	Adults	Child.	Adults	Child	Adults	Child	Adults	Child
Prosthodontia	223	4	$37,998	$ 623	60.9	2.0	$170.39	$155.75
Crowns & Bridges	81	54	6,710	2,881	10.8	9.3	82.84	53.35
Extractions	628	212	5,202	1,698	8.3	5.5	8.28	8.01
Restorative Dentistry	385	1,424	4,621	15,871	7.4	51.4	12.00	11.15
Roentgenology & Pathology	194	356	2,753	3,220	4.4	10.4	14.19	9.04
Bridge Abutments	29	7	1,971	465	3.2	1.5	67.97	66.43
Visits & Examinations	234	479	1,802	4,677	2.9	15.1	7.70	9.76
Removable Bridges	10	2	511	165	0.8	0.5	51.10	82.50
Impacted Teeth	19		430		0.7		22.63	
Root Canals	3	10	168	513	0.3	1.7	56.00	51.30
Alveolar or Gingival Reconstruc	2	2	110	41	0.2	0.1	55.00	20.25
Periodontia	6	1	94	12	0.2	0.0	15.67	12.00
Endodontia	1	17	5	162	0.0	0.5	5.00	9.53
Cysts & Neoplasms	1	1	0	34	0.0	0.1	0.00	34.00
Space Maintainers	0	17	0	516	0.0	1.7	0.00	30.35
TOTAL	1,815	2,586	$62,375	$30,877	100.0	100.0	34.37	11.94

Frequency Distribution of Recipient Expenditures -- Adults and Children

Amount of Expenditure	Adults		Children	
	Number	%	Number	%
$ 24.99 or less	4	2.3	17	6.7
25.00 - 49.99	22	12.7	35	13.8
50.00 - 74.99	4	2.3	31	12.2
75.00 - 99.99	1	0.6	38	15.0
100.00 - 199.00	22	12.7	97	38.2
200.00 - 299.00	10	5.8	24	9.4
300.00 - 399.00	23	13.3	6	2.4
400.00 - 499.00	36	20.8	3	1 2
500.00 - 599.00	27	15.6	2	0.8
600.00 - 699.00	14	8.1	1	0.4
700.00 - 799.00	4	2.3	0	0.0
800.00 - 899.00	4	2.3	0	0.0
900.00 - 999.00	1	0.6	0	0.0
1,000.00 or more	0	0.0	0	0.0
TOTAL	173	99.4	254	100.1

Prosthodontia (dentures, partial dentures, and relines) was by far the most costly dental care, representing 61% of total expenditures for adults (but only 2% for children). Restorative dentistry (primarily for cavities) accounted for the second highest level of expenditures, representing just over half of all children's claims (compared to 7.4% for adults). For adults, the second and third largest expenditures were for crowns and bridges and extractions; for children, visits and x-rays. The dental procedure more frequently performed for adults was extractions, while for children it was restorative dentistry.

The program first opened enrollment on November 16, 1970. Participants had to be examined by their dentists and have plans of treatment approved before they could begin receiving remedial dental care; therefore, utilization was minimal until March, 1971. While funds were fully committed by May 28, 1971, dental care under this plan continued until about the third week in November to allow for completion of approved plans of treatment. Thus, there were approximately nine months of cost-plus operation under study. For convenience of discussion, this first phase of providing dental service is referred to here as the "Initial I" plan.

With regard to the overall purpose of Initial I - i.e., accumulation and study of utilization and costs for subsequent development of the pre-paid plans - we conclude that this was successfully accomplished. The dental utilization was of sufficient magnitude and over an adequate time span to allow reasonably accurate forecasts of dental care

costs for low-income families. This is not to say, however, that we concur with the levels of premium which were negotiated for the pre-paid plans. (This is discussed further below.)

Pre-Paid Plans - Second and Third Program Years

There were two types of pre-paid plans in effect during the second and third program years - "Initial" and "Maintenance." For ease of discussion, these are referred to as the "Initial II" and "Maintenance II" plans.* They are predicated on the theory that there are two stages involved in underwriting dental care for the poor. The first stage requires an initial period of *remedial* care to correct long-neglected dental problems. Presumably, after this first stage, recipients should require only normal dental care to *maintain* their improved dental health.

The Initial II and Maintenance II plans were preceded by a "prototype" pre-paid arrangement referred to as the Three-Month Maintenance Plan; it is described immediately below. Following that description is a discussion of the Initial II and Maintenance II plans.

1. Three-Month Maintenance Plan

The project's first program year was scheduled to end June 30, 1971.

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*These terms are not to be confused with the Maintenance benefit options in the Delta contract described as "Maintenance-Program I" and "Maintenance-Program II."

According to the State SRS, HEW officials had stipulated that prior to approval for second-year funding, the project had to implement a pre-paid plan. Consequently, a three-month extension was granted during which time the project was to effect a pre-paid plan. Under considerable time constraints, the project therefore negotiated the pre-paid "Three-Month Maintenance Plan" (included here as Appendix C-4) for the period July 1, to September 30, 1971. This was to cover 316 individuals who had completed remedial plans of treatment under Initial I as of June 30, 1971.

Exhibit III-11 presents utilization and costs under the Three-Month Maintenance Plan. Of the 314 individuals who were actually covered under this arrangement, only 34 (6 adults, 28 children) received dental care. Total cost of this care was $1,121.00. Premiums paid to Delta amounted to $5,305.00 - 119 adults @ $20.00, 195 children @ $115.00.

There were two major reasons for such low utilization under the Three-Month Maintenance Plan. First, having recently completed comprehensive remedial care under Initial I, most recipients probably did not have, or perceive, any immediate need for maintenance care, and therefore did not seek it. Secondly, although the intended period of coverage was July 1st to September 30th, the contract was not executed until July 22nd, and was done so without retroactive provisions for dental care performed between July 1st and the date of execution.*

*At least one case of emergency treatment was handled between July 1, and July 22; however, regular program coverage was not provided prior to July 22, and no provisions were made for retroactive coverage for other than limited emergency treatment.

EXHIBIT III-11

DENTAL UTILIZATION, JULY 1, - SEPTEMBER 30, 1971

THREE-MONTH MAINTENANCE PLAN

	Adults	Children	Total
Number of Dental Service Recipients	6	28	34
Total Expenditures for Service	$213	$908	$1,121
Average Recipient Expenditure	$ 35	$ 32	$ 33

DENTAL SERVICES BY PROCEDURE AND EXPENDITURES - ADULTS AND CHILDREN

Type of Procedure	No. of Procedures		Expenditures		% of Total Expenditures		Average Expenditures Per Procedure	
	Adults	Children	Adults	Child.	Adults	Child.	Adults	Children
Root Canals	1	0	$ 70	0	33.0	0	$70.00	0
Restorative Dentistry	6	35	68	340	31.6	37.4	11.17	9.69
Visits & Exams	4	17	47	178	22.2	19.6	11.75	10.47
Roentgendogy & Pathology	3	25	22	150	10.4	16.5	7.33	6.00
Prosthodontia	1	3	6	45	2.8	5.0	6.00	15.00
Crowns & Bridges	0	1	0	115	0	12.7	0	115.00
Extractions	0	6	0	46	0	5.1	0	7.67
Space Maintainers	0	1	0	34	0	3.7	0	34.00
TOTALS:	15	88	$213	$908	100%	100%	$14.13	$ 10.31

FREQUENCY DISTRIBUTION OF RECIPIENT EXPENDITURES - ADULTS AND CHILDREN

Amount of Expenditure	Adults		Children	
	Number	%	Number	%
$24.99 or less	2	33.3	10	35.7
25.00 - 49.99	2	33.3	13	46.4
50.00 - 74.99	2	33.3	3	10.7
75.00 - 99.99	0	0	1	3.6
100 - 199	0	0	1	3.6
200 +	0	0	0	0.0
TOTALS	6	99.9%	28	100.0%

Recipients did not receive identification cards and notice of eligibility for this coverage until sometime between August 13th and 17th. Thus, they had only about seven weeks to avail themselves of services under this plan, although premiums were paid for the full three-month period.

With respect to accomplishing an insurance risk function, the Three-Month Maintenance contract did not serve this end. It clearly was not a pre-paid *insurance* agreement, as evidenced by the excerpt below from page 2 of the contract:

> (e) THAT NOT WITHSTANDING ANYTHING TO THE CONTRARY HEREIN CONTAINED, AND BECAUSE OF THE SHORT DURATION AND EXPERIMENTAL NATURE OF THIS CONTRACT, DELTA WILL NOT AUTHORIZE TREATMENT PLANS OR PAY CLAIMS AFTER THE TOTAL AMOUNT PAID TO IT BY PROJECT HEREUNDER, LESS SAID 12% FOR DELTA'S COMPENSATION, HAS BEEN EXPENDED OR COMMITTED FOR MAINTENANCE BENEFITS HEREUNDER, IT BEING UNDERSTOOD THAT DELTA IS NOT ASSUMING THE RISK THAT THE SHORT TERM RATES HEREIN PROVIDED WILL PROVIDE IN FULL THE DENTAL SERVICES CONTEMPLATED.

Due to the low utilization and absence of risk function, we conclude that the Three-Month Maintenance Plan was not successful, either in terms of demonstration or recipient impact.

2. Initial II and Maintenance II

The contract for the second program year encompassing the Initial II and Maintenance II Plans (which was similar to the third year contract included here as Appendix C-5) stipulates that dental care

be provided from October 1, 1971 to September 30, 1972. While the pre-paid plans went into effect October 1, the project was not authorized by the carrier to mail recipients their identication cards until November 23rd.

Exhibit III-12 illustrates the utilization and financial experience of the project during the second program year. Broad cost implications are discussed in the next section, Carrier's Financial Experience, while cost comparisons and utilization by procedure are discussed later in this section.

During the second program year, 41% of the enrollees were covered under the initial plan, 59% under the maintenance plan. However, claims under the initial plan accounted for 88% of the total dental costs paid by the project. Average expenditures for adults were twice that of children in the initial plan, and close to equal under the maintenance plan.

Utilization of the project increased during the latter part of the second funding year. Overall utilization was up from 42% to 59% from July 15 to October 30, 1972, and had increased in every category. This could be expected as individuals made regular visits to the dentist to complete their initial treatment plans. However, the utilization of the maintenance services was still low.

3. Initial III and Maintenance III

The contract for the third program year encompassing the Initial III

EXHIBIT III-12

INITIAL AND MAINTENANCE - PREMIUMS AND CLAIMS PAID

SECOND FUNDING YEAR

		Initial		Maintenance		
		Adults	Children	Adults	Children	Total
1.	Premiums	$62,000	$31,800	$11,664	$14,232	$119,696
2.	12% Admin. Fee	7,440	3,816	1,400	1,708	14,364
3.	Claims Paid	34,276	20,592	1,758	6,085	62,711
4.	Number of Enrollees	113	159	157	254	683
5.	Number of Enrollees Participating	97	142	39	130	408
6.	% Enrollees Participating	86%	89%	25%	51%	59%
7.	Average Claim/ Enrollee (3÷4)	303.32	129.50	11.19	23.95	
8.	Average Claim/ Enrollee Participating (3÷5)	353.36	145.01	45.07	46.80	
9.	Delta's Provision/ Enrollee (Premium-Admin. Fee)	440.00	176.00	66.01	49.30	
10.	Delta Financial Experience (Assuming 100% Participation 9-8)	86.64	30.99	20.94	2.50	
11.	Delta's Actual Financial Experience (9-7)	136.68	46.50	54.82	25.35	
12.	Surplus Maintained By Delta (1-2-3) Final Refund Made in June, 1973	$20,284	7,392	8,506	6,430	42,622

and Maintenance III Plans (included here as Appendix C-4) stipulates that dental care be provided from October 1, 1972 to September 30, 1973.

Exhibit III-13 illustrates the utilization and financial experience of the project during the final program year ending September 30, 1973. Broad financial implications are discussed in the next section, Carrier's Financial Experience, while cost comparisons and utilization by procedure are discussed later in the next part of the report.

During the first six months of the third program year, 24% of the enrollees were covered under the initial plan, 76% under the maintenance plan. However, claims under the initial plan accounted for 77% of the total dental costs covered by the projects. Average expenditures for adults were four times that of children in the initial plan, and about equal under the maintenance plan.

Utilization of the project decreased during the third funding year. Overall utilization was down from 42% to 32% during the period from October 1, 1972 to March 31, 1973, and decreased in every category. Part of this decrease can be explained by the large numbers of new Initial III enrollees in February, March, and April whose visits were not reflected in this data. However, the utilization of the maintenance services remained low.

EXHIBIT III-13

INITIAL AND MAINTENANCE - PREMIUMS AND CLAIMS PAID

THIRD FUNDING YEAR

	Initial		Maintenance		
	Adults	Children	Adults	Children	Total
1. Premiums	$45,570	$23,030	$ 8,238	$13,836	$90,674
2. Admin. Fee	5,013 (11%)	2,303 (10%)	989 (12%)	1,521 (11%)	9,826
3. Claims Paid (incl. approved but not paid)	28,041	9,614	6,388	8,549	52,592
4. Number of Enrollees	93	98	215	296	702
5. Number of Enrollees Participating	75	93	72	168	408
6. % Enrollees Participating	81%	94%	34%	57%	58%
7. Average Claim/ Enrollee (3÷4)	301.51	98.10	29.71	28.88	
8. Average Claim/ Enrolle Participating (3÷5)	373.88	103.37	88.72	50.88	
9. Delta's Provision/ Enrollee (Premium-Admin. Fee)	436.10	211.50	31.68*	38.27*	
10. Delta Financial Experience (Assuming 100% Participation 9-8)	62.22	108.13	57.04	12.61	
11. Delta's Actual Financial Experience (9-7)	134.59	113.40	1.97	9.39	
12. Surplus as of 11/15 Maintained by Delta (1-2-3)	12,516.00	11,113.00	861.00	3,766.00	28,256.00

* Based on premium entrance period of January 1973 - March 31, 1973.

Premium and Benefit Schedule

The scope and quality of dental services benefits under the demonstration program were designed to parallel those under the Medicaid program (See Appendix A-1) and provide for quality dental care.

In March, 1973, negotiations between the State SRS and Delta Dental Plan resulted in the addition of prosthetics as a benefit under the Maintenance III plan, retroactive to the beginning of the third funding year. The premiums for each category were changed accordingly as of April 1, 1973, and a special supplement was paid to DDP for the retroactive clause.

As described above, the first year of the project operated under a "cost-plus" arrangement with the carrier. When the "pre-paid" contract was negotiated with Delta for the second and third funding years, an annual premium was negotiated differentiating between the Intial and Maintenance plans and also differentiating between Adults (age 20 and over) and Children (age 19 and under). These annual premium rates included Delta's administrative fee which was raised to 12% of premiums received as opposed to 10% of claims paid under the cost-plus phase.

A new contract was negotiated between the State SRS and Delta for the third project year in which different premium rates were established and a sliding scale for reimbursement under the Maintenance III plan was developed.

Figure 2 summarizes then the premium history.

Figure 2

Plan	Children	Adults
Initial I	(cost + 10%)	(cost + 10%)
Initial II	500	200
Initial III	490	235
Maintenance I (3 mos)	20	15
Maintenance II	80	60
Maintenance III:	See Below	See Below
Eligibility Entrance Period		
October 1, 1972 through December 31, 1972	$46.00 ($49.00)	$35.00 ($42.00)
January 1, 1973 through March 31, 1973	40.00 (43.00)	30.00 (36.00)
April 1, 1973 through June 30, 1973	35.00 (37.50)	25.00 (30.00)
July 1, 1973 through September 30, 1973	30.00 (32.00)	20.00 (24.00)

(Figures in parentheses under Maintenance III indicate retroactive premium rates after additional benefit of prosthetic devices was added.)

Individual Dentist Experience

During the course of the project, it was discovered that there was a considerably uneven distribution of claims paid to individual dentists participating in the program.

Figure 3 illustrates the distribution of claims among the 26 participating dentists.

Figure 3

Distribution of Claims Among Dentists
Participating in Silver Bow County
Comprehensive Dental Program
November 1, 1970 - September 30, 1973

Total Claims Paid in Dollars	Number of Dentists
$50,000 or more	1
$25,000 - 50,000	1
$20,000 - 25,000	1
$15,000 - 20,000	1
$10,000 - 15,000	2
$ 5,000 - 10,000	2
$ 3,000 - 5,000	3
$ 2,000 - 3,000	5
$ 1,000 - 2,000	4
Under $1,000	7

Average total claim $7,217
Median total claim $2,806

Total claims paid ranged from $46 to $58,964. One dentist accounted for approximately one-third of all claims in dollars paid by the program, and three dentists accounted for about two-thirds of the total. The average total paid per dentist was $7,217 and the median per dentist was $2,806. Obviously from these statistics, a few dentists accounted for the majority of business generated by the demonstration program.

D. CARRIER'S FINANCIAL EXPERIENCE

The financial experience of the carrier for this project, Delta Dental

Plan of Montana, has been very favorable. The following discussion documents this experience for each of the three project years and includes our evaluation of the financial results.

First Year Operations

As has been described above, the Initial I coverage was based on a cost-plus arrangement with the carrier, whereas the Maintenance I plan incorporated the first pre-paid premium arrangement. However, this latter agreement was not an insurance plan as was described on page 28. With respect to "Delta's charges", for the Initial I plan, this included a 10% of claims fee in addition to other miscellaneous charges resulting in an effective 11% administrative fee. This rate based on claims paid seemed reasonable for the size of the group covered. The summary for the first year operations is shown in Figure 4.

Figure 4

First Year Financial Summary

	Initial I	Maintenance I	Total
1. Total Funds Received by Delta from State SRS	$103,000	$ 5,305	$108,305
2. Total Dental Claims paid by Delta	92,823	1,121	93,944
3. Delta's Charges	10,235	637	10,872
4. Net Profit	(58)	3,547	3,489

Under the Maintenance I Plan, Delta paid an amount in claims equal to only one-fifth of premiums received. Figuring in the administrative

fee of 12% of premiums, Delta's total costs were therefore only one-third of monies paid to it by State SRS. This resulted in profit retained by Delta of more than double its operating costs. In our opinion, this profit of $3,547.40 was very unreasonable, since by terms of the contract, Delta did not assume any financial risk (see page 28) and despite the non-profit status of Delta, none of this amount was returned to the project or applied to future premiums.

Relative to the administrative fee, there were two important changes under the Three-Month Maintenance Plan. First, the administrative fee was based on premiums received as opposed to claims paid. This is normal practice in pre-paid dental arrangements; however, in this instance the administrative fee equalled 57% of total claims paid.

Secondly, the rate of the administrative fee was raised from 10% of claims paid to 12% of premiums received. While we were unable to assess the justification for this increase, the 12% rate still appears reasonable for this size group relative to other pre-paid dental plans. However, some limitation on the administrative fee in relation to claims paid needed to be established to preclude the re-occurrence of an excessive intermediary fee. Therefore, in order to prevent another situation in which the administrative fee was disproportionate, we recommended negotiations to effect the following schedule; for descriptive purposes, it assumes $100,000 in premium payments:

Claims Paid/ Prem's Rec'd	=	Claims Paid	Admin. Fee Limit: % of Claims	=	Effective % AdmFee/Prem's
80% or more		$80-88,000	15.0%		12.0%
70.0-79.9%		70-79,999	14.5%		10.2-11.6%
60.0-69.9		60-69,999	14.0%		8.4-9.8%
50.0-59.9		50-59,999	13.5		6.8-8.1%
40.0-49.9		40-49,999	13.0		5.2-6.5%
Less than 40%		Less than $40,000	12.5		5.0 or less

This schedule called for graduated administrative fee rates, increasing as claims paid increased in proportion to premiums paid.

Second Year Operations

The administrative fee which was effective for the second funding year remained at a flat 12% of premiums paid regardless of the level of claims utilization. Exhibit III-12 presents the relevant data for evaluating the financial experience of Delta Dental Plan for the second program year. Of the $119,696 received in claims by Delta, $14,364 was charged as administrative fee and $62,711 was paid in claims. A total of $42,622 was generated as a surplus for the second project year. This surplus was returned to the project over a period of time, the final amount being returned in June, 1973 - nine months after the end of the project year.

Average initial plan costs during the second funding year were $372 for adults and $166 for children. In comparison the carrier's cost provisions for the second year were $440 for adults, and $176 for children (premium rates of $500 and $200, less 12% administrative fee.) Similarly, maintenance plan costs were $45 for adults and $51 for

children compared to average premium provisions of $66 and $49 ($80 and $60 less 12% fee).

If the plan had experienced full utilization, the premiums for children under the initial and maintenance plans would have been quite reasonable, while the premiums for adults under both plans would have been somewhat high. Initial utilization was in fact close to 90%; maintenance utilization, however, was quite low, averaging 39% over the second program year. Based on this experience, we recommended that the State negotiate substantial reductions in premiums with the carrier for the third program year. While the reduction in premiums which was negotiated for adult initial, adult and child maintenance, for the third year was a step in the right direction, the reductions were not large enough, in our opinion. Moreover, the increase in the premium for child initial plans was unjustifiable in light of the cost experience for the second year.

Third Year Operations

The new contract did revise the administrative fee schedule to reflect differences in utilization patterns for the different premium schedules. The new schedule was as follows:

Incurred Loss Ratio	Percentage of Income Retained
75% and Over	12%
60% - 74%	11%
59% or Less	10%

Under the new schedule, Delta Dental's administrative fee depended upon the utilization percentages for each type of coverage. For example, if benefits paid represented 75% of premiums received, Delta's fee would be 12% of the premiums paid. Should this percentage fall between 60 and 74%, the fee would fall to 11%, and so on. This new schedule, we feel, was more reasonable than the previous one and adequately compensated the carrier for financial risk.

Exhibit III-13 presents the relevant data for evaluating the financial experience of Delta Dental Plan for the third program year. Of the $90,674 received in premiums by Delta, $9,826 was charged as administrative fee; $44,375 has been paid in claims, and another $8,217 has been allocated for approved claims yet unpaid. $28,256 remains as a surplus to be refunded to the project.

Average initial plan costs during this period were $374 (up from $353 in the second program year) for adults, and $103 (down from $145 for children). In comparison, the carrier's cost provisions for the second program year were $436 for adults, and $212 for children (premium rates of $490 and $235, less administrative fee). Similarly, maintenance plan costs were $89 for adults and $51 for children compared to average premium provisions of $32 and $38. Maintenance plan costs for children have remained the same, with that of adults somewhat higher.

Again, if the plan had experienced full utilization, the premiums for

the adult initial and child maintenance would have been quite reasonable, while the premium for adult maintenance would have been too low. The decrease in average claim per enrollee participating for the child initial from the second funding year further supports the assertion that the increase in the child initial premium was unjustified.

Summary of Carrier's Financial Experience

The summary of the preceding section's financial data, shown on the following table, serves to point out the extremely surplus condition under which the carrier was operating during the course of the project. In addition to the end of the year surpluses shown on this table, the effect of annual premiums paid far in advance of services rendered further contributed to extraordinarily favorable financial experience for the carrier.

Figure 5

	1st Year	2nd Year	3rd Year	Total
1. Premiums	$108,305	$119,696	$ 90,674	$318,675
2. Admin. Fee	10,872	14,364	9,826	35,062
3. Claims Paid	93,944	62,711	52,592	209,247
4. Surplus (1-2-3)	3,489	42,622	28,256	74,367
5. Interest on Working Balance (2-3 only)		3,212	3,888	7,100

The carrier's favorable financial experience described above is further illustrated in Exhibit III-14 which outlines the cash flow position for the carrier for the 2nd and 3rd program years. The potential interest gain (5% annual simple interest compounded quarterly) from advance premiums and subsequent surpluses held by Delta calculates to $7100, or approximately 30% of the administrative fee for the 2nd and 3rd program years.

Quality Assurance

In addition to the dental care experience which has been described above, the carrier for this project, Delta Dental Plan of Montana, provided for a professional review of the dental treatment plans for those enrolled in the project. A summary of this review activity is included as Appendix C-6.

DATE	PRE
Nov. 1971	79
Dec.	9
Jan. 1972	7
Feb.	4
March	2
April	
May	1
June	
July	
Aug.	8
Sept.	3
Oct.	18
Nov.	7
Dec.	9
Jan. 1973	6
Feb.	7
March	23
April	16
May	4
June	
July	
Aug.	
Sept.	
Oct.	
Nov.	
Dec.	
Jan.	

Column Explanation

1. Premiums Paid to D
2. Admin. Fee Charged
3. Net Balance to Pay
4. Claims Due to Dent
5. Claims Paid to Den
   at end of progra
6. Refunds to Program
7. Contribution to De
8. Monthly Balance of
9. Simple Interest Co

* Represents 5% rese

EXHIBIT III-14

CARRIER CASH POSITION

2nd & 3rd PROGRAM YEARS

DATE	1 PREMIUMS	2 ADMIN. FEE	3 NET (1-2)	4 CLAIMS DUE	5 CLAIMS PAID	6 REFUNDS	7 WORKING CAPITAL (3-5+6)	8 BALANCE	9 INTEREST COMPOUNDED QUARTERLY @ 1.25%	
Nov. 1971	79,240	9,509	69,731				69,731	69,731		
Dec.	9,980	1,197	8,783	5,484	4,113		4,670	74,401	600	
Jan. 1972	7,420	890	6,530	6,495	4,871		1,659	76,060		
Feb.	4,320	518	3,802	2,871	2,153		1,649	77,709	957	
March	2,160	259	1,901	7,289	5,467		(3,566)	74,143		
April	912	109	803	8,498	6,373		(5,570)	68,573		
May	1,520	182	1,138	3,252	2,439		(1,101)	67,472	848	
June	404	48	356	4,767	3,575		(3,219)	64,253		
July	956	115	841	2,147	1,610		(769)	63,484		
Aug.	8,384	1,006	7,378	3,867	2,900	4,840	(362)	63,122	807	
Sept.	3,900	486	3,414	2,552	1,194		1,500	64,622		
Oct.	18,015	1,801	16,214	6,993	16,437		(223)	64,399		3,212
Nov.	7,154	715	6,439	1,124	1,124		5,315	69,714	860	
Dec.	5,804	580	5,224	5,324	5,157		67	69,781		
Jan. 1973	6,445	644	5,801	2,222	1,887		3,914	73,695		
Feb.	7,085	708	6,377	-0-	-0-		6,377	80,072	917	
March	23,629	2,363	21,266	4,947	4,028	33,643	(16,405)	63,667		
April	16,865	1,686	15,179	2,942	2,206		12,973	76,640		
May	4,565	456	4,109	4,629	3,472		1,157	77,797	932	
June	127	13	114	9,883	7,412	4,138	(11,436)	66,361		
July	488	49	439	8,841	6,753		(6,314)	60,047		
Aug.	736	74	662	3,667	2,750		(2,088)	57,959	734	
Sept.	488	48	440	3,031	3,031		(2,591)	55,368		
Oct.	-0-	-0-								
Nov.	-0-	-0-	-0-	19,804	19,804		(19,804)	35,564	445	
Dec.	-0-	-0-	-0-	2,032 (est.)	2,032 (est.)		(2,032)	33,532		
Jan.	-0-	-0-	-0-	-0-	-0-	28,256 (est)	(28,256)	5,276*		3,888
									TOTAL	7,100

Column Explanation

1. Premiums Paid to Delta
2. Admin. Fee Charged by Delta
3. Net Balance to Pay Claims
4. Claims Due to Dentist
5. Claims Paid to Dentist (Minus 20% Contingency refunded at end of program year, 5% research fee)
6. Refunds to Program of Surpluses
7. Contribution to Delta's Balance
8. Monthly Balance of Delta
9. Simple Interest Compounded on Quarterly Balance @ 5% per annum

* Represents 5% reserve for research

SECTION IV

COST ANALYSES

SECTION IV

COST ANALYSES

IV. COST ANALYSES

INTRODUCTION

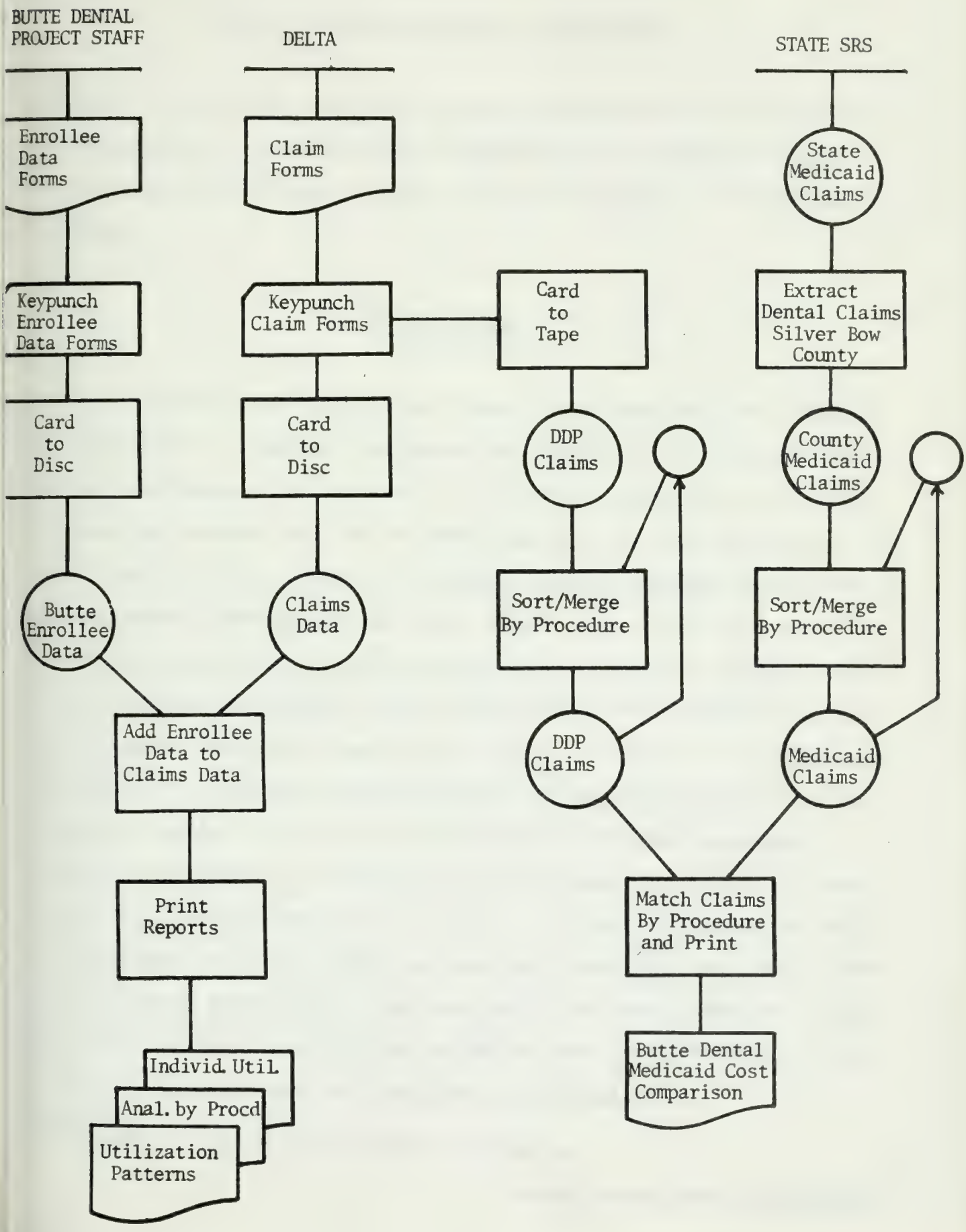
This section of the report describes the various efforts that were undertaken by Urban Management Consultants during the course of the Butte Dental Program in analyzing the costs of the project. "Costs" as described in this section refer to the actual costs of benefits used by recipients in the project, as opposed to the cost of premiums paid to the insurance carrier which were discussed in Section III, above. Basic cost comparisons of the Butte Dental Program benefits compared with the Silver Bow County Medicaid program led to a number of further analyses as the project continued. However, the analysis of the types of dental claims which were incurred and their distribution over time is most helpful in adjudging the success or failure of the demonstration hypotheses from a cost perspective.

The two basic types of analyses which were performed are described separately below. Each analysis was performed through use of computer data processing techniques. Baseline data was gathered from the carrier for the Butte Dental project, Delta Dental Plan of Montana; from the claims processor for Medicaid, Blue Shield (through June 30, 1973), and from project staff. The actual computer processing for the cost comparisons was performed at the State of Montana's Data Processing Bureau, while the Butte Dental Cost Studies were performed at EDP Services in Butte. The staff at both computer centers provided considerable assistance in processing the data.

An overall systems flow chart depicting the cost analysis effort is shown in Exhibit IV-1 on the following page. The flow of data depicted on the left side of this exhibit refers to the processing performed at EDP Services in Butte which resulted in the Butte Dental Cost Studies; the flow on the right side refers to the processing performed at the State's Data Processing Bureau which created the Butte Dental/Medicaid cost comparisons. The methodology for each of these analyses is described below.

EXHIBIT IV-1

FLOW CHART FOR BUTTE DENTAL PROGRAM DATA ANALYSIS



A. BUTTE DENTAL/MEDICAID COST COMPARISONS

In order to evaluate the Butte Dental program from the perspective of program cost, we developed a methodology to compare the cost of services for the Butte Dental program with those of the Medicaid program.

1. Methodology

The cost comparisons between the Butte Dental Program and Medicaid concentrated on a direct comparison of individual services or procedures performed. No attempt to illustrate degree of utilization of services between the two programs was made in this analysis. The basic source of data used for the Butte Dental Program was a deck of punched cards provided by the Delta Dental Plan which contained the pertinent information from the claim forms processed. These cards were converted to magnetic tape files and used in conjunction with the Medicaid file maintained at the State of Montana's Data Processing Bureau. A computer program of 682 instructions written in COBOL language compared the cost of services by individual procedure. Since both programs used the same coding scheme[1] for defining procedures, this process was fairly direct. The only variances in this coding scheme were that Delta defines two codes for anesthesia (400 and 401) which Blue Shield does not, and Blue Shield defines a code for after hours visits (030) which Delta does not. However, neither of these codes was used for the time period analyzed.

[1]Published by the Montana Dental Association

A brief discussion of the basis for the different fee schedules used by the two programs is in order. The Medicaid program used for a fee schedule the 75th percentile of what all dentists were charging for the procedures authorized in 1968. That is, the maximum allowable amount for any specific procedure on a Medicaid claim was that figure charged as "fair and usual" by not more than 75% of the dentists in 1968. However, the Delta Plan used an entirely different schedule. The maximum allowable for any specific procedure on a Delta Plan claim was the 90th percentile of what dentists enlisted in the Delta Plan only were charging for those procedures in 1971. Obviously then, there were several important distinctions between these two fee schedules.

-- There was basically a different population of dentists serving the Medicaid program than those serving the Butte Dental Program.

-- The 90th percentile limit in the Delta fee schedule was a considerably higher limit than that allowed by the Medicaid schedule.

-- Inflation was a factor in affecting the basic pricing structure of many dentists between 1968 and 1971.

These facts were known in advance of preparing the computer program, but it was determined that a quantitative comparison of actual costs incurred in these two programs over a similar time period would be a necessary element in the overall evaluation of the Butte Dental Program.

2. Findings

The complete cost comparisons between the Butte Dental and Medicaid programs appears in Appendix D-1 of this report. This analysis compared costs of procedures on claims paid from January, 1971 (the first month in which claims were paid under the Butte Dental program) through December, 1973. The Medicaid figures reflect claims paid for all recipients in Silver Bow County for the period from January, 1971 through June, 1973, at which time the State completely changed its system for Medicaid claims processing.

The average cost over all procedures for the Butte Dental Program ($19.86) was 66% higher than that for Medicaid ($11.93). This average is a result of the following individual variances:

Visits and Examinations	29%
Roentgenology, Pathology	89%
Extractions	30%
Restorative Dentistry	23%
Prosthetics	22%

The primary reason for this considerable difference in costs is in the structure of the differing fee schedule as described above. However, there is at least one case where this is not the entire explanation. The first procedure shown on the report, "Examination, Oral, and Diagnosis (Visual Only)", was the most common procedure used in the Butte Dental Program. For this one procedure, the value shown in the fee schedules was identical ($6.00) and yet the average

cost for this procedure under the Butte Dental Program was $5.97, whereas under Medicaid it was only $5.16, a difference of %15. In this very common procedure, dentists were not charging Medicaid the maximum which they were allowed, whereas in the Delta Dental Plan, dentists were charging the maximum. In the rest of the cases, the differences in charges are explained by the differences in the fee schedules.

B. BUTTE DENTAL COST STUDIES

The second major effort in the analysis of claim costs involved a more sophisticated analysis of Delta's claims data considered independently from Medicaid. A considerable effort was undertaken by the project staff and the local computer service bureau in Butte to create a master enrollee file including key demographic and program data. As a result of this effort, we present three additional reports concerning claims experience for Butte Dental Program recipients. These three reports are described below.

1. Individual Utilization

This report details by individual enrollee the amount of dental services received for the current month and for the program to date. It also distinguishes between services rendered during the initial and maintenance phases of the program. Since the report is listed by individual and is rather voluminous, a sample page from the report is included as Appendix D-2. This report was quite useful to the project staff in showing the utilization of individual households and in particular in identifying those families who had not utilized the program significantly.

2. Analysis by Procedure

This report, which is included as Appendix D-3, is similar in format

to the basic cost comparisons with Medicaid described above. The data is presented by procedure. In this report, the current month's claims costs are presented along with the costs for the program to date. This report was useful in showing the type and current costs of procedures used during the current time period and their frequency and cost relative to the overall program. In general, costs remained relatively constant over the demonstration period.

3. Utilization Patterns

This report, which is included as Appendix D-4, illustrates the utilization of dental services relative to the length of time each individual had been in the program. The report analyzes expenditures first by separating claims for adults and children as defined by the premium schedule. For each group, the report shows the distribution of monthly expenditures in addition to the average monthly expenditure. As would be expected, costs are considerably higher during the first six to nine months (two to three quarters) that an individual was on the program, which corresponds to the Initial phase. The later months in the program, corresponding to the Maintenance phase, show low monthly expenditures. The rate is somewhat higher for children than it is for adults. Graphs showing these results are included in Exhibit IV-2 on the following pages. The monthly averages plotted on these graphs are averaged for each quarter in order to smooth out the effects of monthly variances.

EXHIBIT IV-2

UTILIZATION PATTERN
(Page 1)

ADULTS

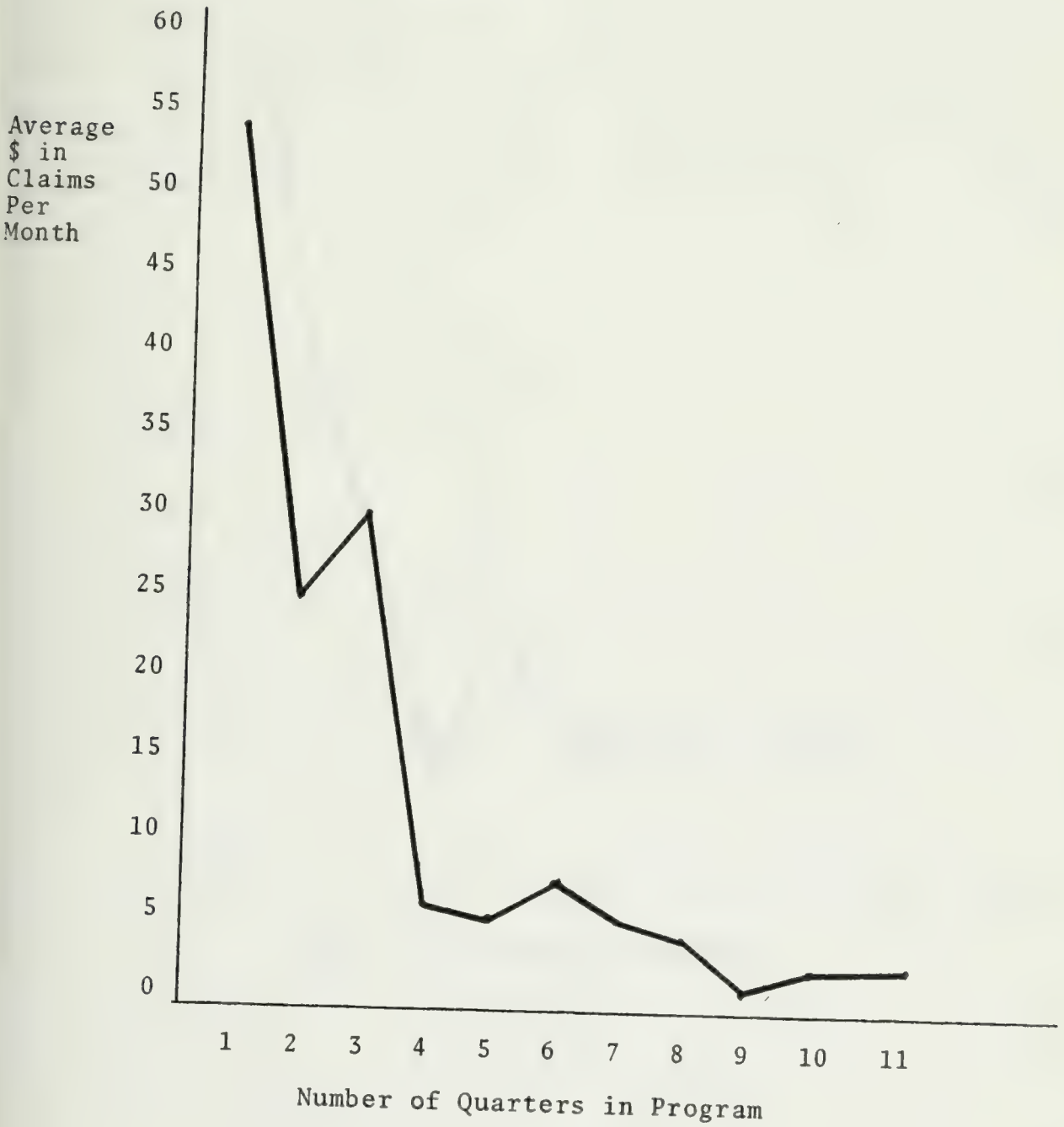


EXHIBIT IV-2

UTILIZATION PATTERN
(Page 2)

CHILDREN



C. CONCLUSIONS

On a procedure by procedure comparison with the Medicaid program, the Butte Dental Program's average cost by procedure was 66% higher than Medicaid. This substantial difference is primarily explained by the different fee schedules used by the two programs. However, even in the case where the allowable maximums were identical, dentists serving Butte Dental Program recipients still tended to charge more.

When utilization experience was analyzed relative to the length of time each individual had been in the program, some dramatic trends were discovered. Costs were considerably high during the first six to nine months (two to three quarters) that an individual was on the program, corresponding to the Initial coverage. Utilization then dropped dramatically during Maintenance and remained at a very low level for the rest of the program. No significant upturns in Maintenance utilization were observed even after an individual had been on the program for nearly three years.

In summary, costs by procedure were considerably higher for the Butte Dental Program than for Medicaid, but the extensive remedial care provided during the Initial phase resulted in dramatically decreased utilization for the rest of the time that recipients were on the program, under the Maintenance phase.

SECTION V

SURVEY RESULTS

V. SURVEY RESULTS

A. BACKGROUND OF THE SURVEY

Purpose

The collection of soft data - the attitudes, feelings and perceptions of those individuals affected by the Butte Dental Program - was an important component of the overall research design. As direct beneficiaries of the program, the attitudes of the dental program recipients are very important and the best source of information regarding project impact and effectiveness. Accordingly, efforts were centered on the development and administration of a survey research instrument for program recipients. The primary purpose of the instrument was to compare the dental health care attitudes and behavior of program recipients and measure these attitudes relative to those of Medicaid recipients over the demonstration period.

Study Design

The research design employed in our evaluation is called a "pre-test, post-test longitudinal control group" design. It is described in detail in Section II of this report. The design utilized a questionnaire administered at certain times over the demonstration period to three groups: the experimental group (Butte Dental recipients), a primary control group (Medicaid recipients), and a secondary control group (Non-Recipients).

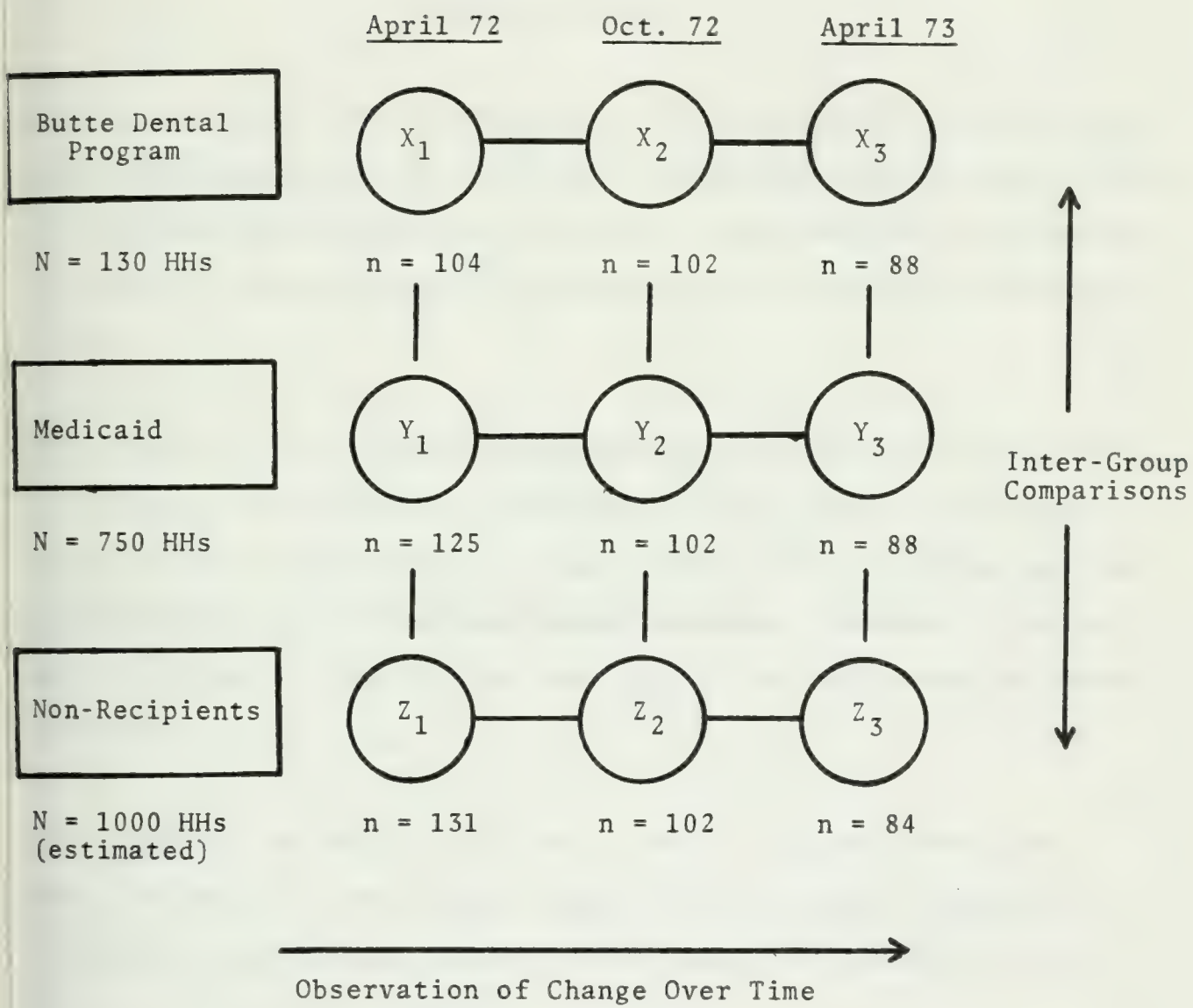
Since the project was intended to test alternatives of dental health care delivery compared with the present Medicaid system, attitudes and behavior of Butte Dental recipients were compared to those of Medicaid recipients. The Butte Dental recipients were designated as the "experimental group" while Medicaid recipients were referred to as the "primary control group." An additional feature of the research design was the inclusion of other low-income individuals in the survey who were not enrolled in either program. Identified as "Non-Recipients," they represented the "secondary control group."

Administration of the questionnaire to these three groups enabled the observation of changes in recipients' and non-recipients' dental health care behavior and attitudes over the three-year demonstration period. The use of this technique also enabled measurement of the development of attitudes and behavior patterns over the demonstration.

Exhibit V-1 on the following page presents an overview of our survey research design. Subsequent administrations of the questionnaire were directed toward the same respondents, enabling the observation of behavioral and attitudinal changes of the same individuals over the life of the project. In determining the sample sizes, we over-sampled initially to allow for expected attrition from the original sample groups (sample mortality). Three administrations of the survey were conducted in six month intervals. Thus, the design enabled the tracking of dental health care attitudes and behavior, comparisons

EXHIBIT V-1

QUESTIONNAIRE ADMINISTRATION



This Exhibit shows the full populations of each group (N), and the sizes of each of the samples (n) from those three populations at each administration of the survey.

of attitudes of Butte Dental and Medicaid recipients, and measurement of these attitudes against those of a "secondary control group" of non-recipients.

Sample Selection

Under the research design employed, it was necessary to survey the same individuals over the three questionnaire administrations. Thus, the original populations were purposely "over-sampled" to compensate for expected sample mortality between the first and last administration.

As Exhibit V-1 illustrates, approximately 25% and 50% of the total Butte Dental and Medicaid populations, respectively, were interviewed in the first survey. As anticipated, the attrition rate was approximately 30% between each administration. Exhibit V-1 also shows the sample sizes (n) for each one of the questionnaire administrations.

Selecting the DDP sample was a relatively straightforward task. Easily accessible case files, coupled with the staff's personal knowledge of recipients, greatly facilitated identification and location of survey subjects.

Similarly, selecting the Medicaid sample was a simple procedure with approximately every sixth name being selected from present Medicaid

records. Although some difficulty had been anticipated in gaining accessibility to Medicaid recipients (due to the "Welfare Fraud" publicity existing at that time in Butte), we encountered no difficulty in obtaining full cooperation from both Medicaid staff and recipients.

Drawing the sample of Non-Recipients, however, was far more difficult due to the unavailability of 1970 census data by identifiable household. Therefore, using household income as the prime selection criterion, we identified non-recipient subjects from among the residents of Silver Bow Homes, a low income housing development in Butte. This unorthodox, but necessary, means of drawing the Non-Recipient sample was the best available way of determining a group of respondents representative of the low-income population at large. It did, however, result in a disproportionately large number of older and retired persons than existed in DDP and Medicaid samples. Whereas true representativeness of Non-Recipients is not as statistically valid as that of the other samples, the group was nevertheless very useful as a secondary source of comparison with the DDP sample.

Within the Butte Dental population, there were four subgroups of special interest in this study:

> Categorically Related: Those Butte Dental recipients who would qualify for Medicaid under AFDC, APTD, OAA, or ANB, except for income requirements, of who chose not to enroll in Medicaid even though their income level was within eligibility guidelines.

Non-Categorically Related: Those recipients who did not qualify for AFDC, APTD, OAA, or ANB.

Initial: Those enrollees, at the time of each survey, who were enrolled in the program on the initial plan.

Maintenance: Those enrollees, at the time of each survey, who were enrolled in the program on the maintenance plan.

In the survey tables in the Appendix, data for these four sub-groups are cross-tabulated separately.

Instrument Development

A two-part survey instrument was developed in order to achieve parallel comparisons among the three samples. The first part was administered to all three samples in identical form. It consisted of questions of a general nature which were applicable regardless of whether or not the respondent was participating in a dental health program. The second part contained questions directed only to DDP and Medicaid recipients, with the wording of items changed only slightly to reflect respective program terminology.

The actual construction of the questionnaire began with an examination of the demonstration hypotheses and evaluative criteria to determine the nature of information needed from the sample groups. Focus group sessions were subsequently conducted with program recipients and SRS staff to further refine the questionnaire. Through this process, a document was developed that addressed the key issues and contained

terminology appropriate to the local environment. The final document was thoroughly pre-tested before the first survey administration. The full survey instrument appears in Appendix E-1.

Administration

The three surveys were conducted approximately six months apart over a one and one-half year period. The first survey was completed during April and May, 1972; the second during November and December, 1972; and the third during May and June, 1973. Results from these surveys were analyzed in subsequent UMC progress reports in June, 1972; December, 1972; and June, 1973.

Each survey was conducted by a local survey team leader, under the supervision of UMC's survey administrator. Interviewers were hired from the local community and trained in the use of the questionnaire by the survey administrator and team leader. At the first administration, WIN participants were a major source of interviewers; however, there was an overall attrition rate of 67% among WIN interviewers (compared to 12.5% among the other interviewers). Subsequent efforts to utilize CEP enrollees met with success, and CEP enrollees were a major source of interviewers for the final two administrations. The eventual composition of the survey team included housewives, community workers, and CEP enrollees.

As noted above, in order to maintain the validity of the longitudinal analysis of the survey results, it was necessary to interview the same

individuals who were previously surveyed and who were still enrolled (or not enrolled in the case of Non-Recipients) in the same health care program. Program files were scrutinized carefully prior to each survey and, with the excellent cooperation of the County Welfare and Butte Dental staffs, many individuals were identified as no longer qualifying for their sample group for various reasons (eligibility changes, moving out of the county, etc.) and were therefore eliminated from the survey. Those individuals originally interviewed in the Non-Recipient group who had since enrolled in the Butte Dental or Medicaid programs, or those who had switched from one program to the other, were also eliminated from the survey.

After the validity of the sample groups was verified, the survey team entered the field to administer the survey. In many cases, it was necessary to track down highly mobile individuals (particularly in the case of the Non-Recipient group). Additional individuals were eliminated from the survey at this time as certain recipients refused to be interviewed and others were incapacitated, in the hospital, or were otherwise not available to be interviewed. Sample mortality between survey administrations was less than 30%.

A random selection of 15% of each interviewer's completed questionnaires were subjected to "call-back" validity checks to ascertain that the interviews were being conducted in proper fashion by the interviewers. Any doubtful circumstances were investigated thoroughly by UMC's survey administrator. Upon completion of the validity checks, the open-ended questions were coded and each questionnaire

keypunched and key-verified. The data was then processed through various computer programs designed specifically for survey analyses. The full results are presented in the survey tables which appear in Appendix E-2. The results of a thorough analysis of these tables, as well as the tables from the prior two survey administrations, are presented below.

B. RESULTS OF THE SURVEY

Introduction

The analysis of the survey results that follows consists of five parts. The first part discusses general characteristics of the three sample groups. The next three parts address the primary features of the Butte Dental program that were subjects of the questionnaire - health care barriers; services delivery; and utilization and general attitudes. The last part summarizes the overall results of the survey.

The discussion of the survey tables is accompanied by tables and graphs to illustrate trends and differences among the samples. Results are generally analyzed longitudinally over time, except in cases where longitudinal differences are minimal. In these instances an average over the three surveys was used.

1. General Sample Characteristics
(Appendix E-2, Tables 049-059)

An important aspect of survey analysis is the demographic characteristics of each sample. Factors such as age, sex, marital and employment status might be important in the analysis of trends and variances among sample groups. Since the sample groups contained the same

respondents throughout the survey period, the demographic influences of sample mortality could have an effect on survey results. These demographic factors have been considered in the formulation of the conclusions in this section, though the reader should be aware of these factors in examining specific tables and graphs.

In general, the Medicaid sample was the youngest, least educated, had the highest percentage of female respondents, and also had the highest divorce rate and the lowest income of the three samples. The Non-Recipient group contained the highest percentages of elderly, widowed and retired people. The Non-Recipients also had an income level higher than Medicaid but lower than the DDP sample. Female respondents were the lowest percentage in the DDP sample, which had the highest percentage of married people with the highest average income.

The demographic characteristics of each group did not alter very much over the three surveys. As a result, the figures utilized in the discussion in this part are all three survey averages.

Table 1 lists the sex, age, and marital characteristics of the three groups. All three samples are heavily dominated by female respondents. As indicated in the table, Medicaid contained the highest proportion of female respondents, nine in ten, with the DDP group having eight in ten. Only about half of the female DDP recipients were heads-of-household, compared to nearly nine-tenths of the similar

Medicaid group. This reflects the absence of the AFDC-Unemployed Father category in the State's Medicaid program and its inclusion in DDP.

Table 1

Three Survey Averages

Sex	DDP	Medicaid	Non-Recipients
Female	80%	90%	86%
Male	20%	10%	14%
Heads of Household			
Female	52%	83%	65%
Age			
Median	52	46	59
Over 65 (%)	23%	11%	39%
Marital Status			
Married	55%	20%	40%
Widowed	21%	18%	43%
Divorced	11%	47%	11%

The Non-Recipient group contained proportionately more elderly than the DDP or Medicaid program. The median age for the Non-Recipients was 59, compared to 53 and 47 for DDP and Medicaid respectively.

The age difference is partially explained by the selection of much of the Non-Recipient sample from Silver Bow Homes. As might be expected, the Non-Recipient group also contained the highest percentage of widowed respondents. Medicaid had the greatest number of divorced people and DDP was the only group in which over half of the respondents were married.

DDP respondents tended to be slightly better educated than the Medicaid or Non-Recipient samples, though the differences were slight. Average percentages of those respondents with less than an eighth grade education and those with a high school diploma or more are shown in Table 2 on the following page.

Employment is greatest among the DDP sample, almost twice as high as that reported by the Medicaid group. However, those unemployed but seeking work are a small percentage in each group (less than 10%). The differences are accounted for by a high percentage of housewives and retired people in both the Medicaid and Non-Recipient samples.

Income levels were highest in the DDP sample, and lowest in the Medicaid sample. Income levels rose over the survey period for all three samples, though not substantially. Since the income limitations for DDP are up to 133% of Medicaid income requirements, it is not surprising to find the DDP sample with the highest reported income.

Table 2

Education, Employment, and Income Characteristics

	DDP	Medicaid	Non-Recipients
Education			
8th grade or less	33%	33%	38%
High School Diploma and/or College	38%	37%	37%
Employment			
Full/part time	29%	12%	21%
Housewife	42%	48%	27%
Retired	19%	17%	37%
Income			
Less than $3,000	42%	69%	58%
Greater than $6,000	18%	1%	17%

No significant differences exist in the racial distribution of the three samples. The predominant racial group was Native American, with a few Spanish-speaking and black families represented.

2. Barriers to Care

(Appendix E-2, Tables 13 and 26)

An important component in the design of the Butte Dental Program was the reduction of hypothesized barriers to dental care among a low-income population. Limited transportation, lack of child care as

well as the high costs of dental services were among those barriers considered to be the most basic ones for a rural community. The questionnaire probed the extent of these barriers, and any changes that occurred regarding them during the project.

Survey results indicated that cost was perceived as a more important barrier to dental care by DDP recipients than by the Medicaid sample, though the cost barrier was the most significant to Non-Recipients. Cost prevented approximately one-quarter of DDP recipients from obtaining needed care, compared to half of the Non-Recipient group and 5% of the Medicaid group, at the time of the final survey.

Table 3

Respondents Reporting that Cost Did Not Prevent Them From Obtaining Dental Care

	DDP	Medicaid	Non-Recipients
First Survey	43%	69%	37%
Second Survey	70%	80%	42%
Third Survey	74%	94%	49%

As Table 3 illustrates, cost has decreased dramatically as a problem for the DDP group over the three survey periods, as well as for the other two groups. This may be due to the increases in income levels noted above as well as to the effectiveness of the DDP program.

DDP recipients tended to consider dental fees as more reasonable than did Medicaid recipients, though Non-Recipients had the greatest feeling of reasonableness. Over 80% of Non-Recipients expressed an opinion on this subject, whereas less than 40% of the Medicaid and DDP sample did likewise. This may be due to greater experience in personally paying dental bills by the Non-Recipients. The higher income levels for DDP may explain why DDP respondents felt dental costs easier to bear than the Medicaid group.

Transportation was not perceived as a major problem in obtaining dental care among any of the three sample groups; however, it was perceived as more of a problem in Medicaid than in DDP. Over the three survey administrations, less than 10% of DDP respondents reported that transportation was a problem, compared to 20% and 16% in the Medicaid and Non-Recipient groups, respectively. It does not appear that this difference was a direct result of unequal transportation services provided by the respective project staffs. The transportation services provided to DDP and Medicaid enrollees were equally small (less than 10% of enrollees in both groups reported receiving transportation services). It is possible that transportation was perceived as less of a problem because of the emphasis of DDP staff on the availability of transportation if needed. Another factor may have been the higher income levels of DDP respondents, implying greater likelihood of personal transportation by this group.

Table 4

Respondents Reporting That Transportation Is A Problem In Obtaining Dental Care

IS THIS A PROBLEM:	DDP	Medicaid	Non-Recipients
all of the time	1%	8%	3%
most of the time	3%	5%	3%
some of the time	6%	8%	12%
none of the time	91%	79%	82%

Respondents Reporting that Child Care Is A Problem in Obtaining Dental Care

IS THIS A PROBLEM:			
all of the time	3%	6%	3%
most of the time	5%	4%	6%
some of the time	8%	10%	8%
none of the time	84%	80%	83%

As Table 4 indicates, fewer DDP respondents than Medicaid respondents felt that child care was a problem when going to the dentist. The problem had lessened considerably by the last survey for all groups. However, program child care services did not seem to contribute to the reduction of this problem since fewer than ten Medicaid and DDP enrollees reported receiving child care services over the entire survey period. The lesser perceived need in DDP may be due to a seemingly more solid family structure, higher income levels, or perhaps to DDP's emphasis on availability of supportive services (even if actual services were minimal).

Each respondent in DDP and Medicaid was also asked of the extent of difficulty in obtaining dental care since enrolling in their respective programs. More DDP respondents generally found it less difficult to obtain care than Medicaid respondents. A negligible few in both programs found obtaining care more difficult. Over the survey period, an increasing percentage of DDP enrollees found obtaining care less difficult, perhaps reflecting an increasing effectiveness of the DDP program in reducing barriers to care.

Table 5

Extent of Difficulty Reported by Recipients
In Obtaining Dental Care Since Joining the Program
(Average Over Three Surveys)

	DDP	Medicaid
Less Difficulty	30%	27%
About the Same	68%	71%
More Difficulty	2%	2%

3. Services Delivery

(Appendix E-2, Tables 6-8, 19-22, 32-33, 45-47)

A. Health Care Services

The Demonstration Dental Program appears to be more effective than Medicaid in delivering dental care services to the poor. This general conclusion was formulated after examining data on enrollee perceptions of dental utilization and health.

Table 5 depicts the utilization pattern of respondents. Substantially more DDP enrollees (60%) had visited a dentist in the past year than those in the Medicaid (36%) and Non-Recipient (23%) groups at the time of the last survey administration.

Table 6

Respondents Reporting When They Last Visited the Dentist

	DDP	Medicaid	Non-Recipients
Within last 3 months	27%	14%	9%
Within last 6 months	35%	21%	17%
Within last 12 months	60%	36%	23%
More than 12 months ago	37%	56%	71%
More than 5 years ago	1%	22%	29%
Don't recall	2%	9%	7%

Though utilization had dropped considerably over the survey period, the figures suggest that DDP was substantially more effective than Medicaid in stimulating dental care utilization. This conclusion was also supported by survey data that reports that children's visits to the dentist in the past year among DDP families (77%) was greater than those in Medicaid (60%) and Non-Recipient (62%) families.

By the last survey administration, equal percentages of Medicaid

and DDP enrollees reported that they (74%) and their children (83%) were getting to the dentist as often as needed. This represented a dramatic rise for the Medicaid group from the first survey, while the DDP percentage dropped slightly. Since the Non-Recipient group showed little change, this rise in Medicaid may be due to that program's intensified efforts in the dental care field due to the existence of DDP.

DDP was much more effective in encouraging immediate care for its enrollees than was Medicaid. As of the first survey administration, 80% of DDP enrollees had visited the dentist within two months of being certified; this compares with 30% of the Medicaid enrollees. Approximately 20% of the Medicaid group waited over one year before visiting the dentist, whereas almost all DDP enrollees had made a visit within four months of enrollment.

Overall, DDP respondents have a better perception of their dental health condition than do either Medicaid respondents or Non-Recipients. Of the DDP respondents, one-fifth said that their dental health was "excellent," while only one-tenth of Medicaid and less than one-tenth of Non-Recipients responded similarly.

Table 7 on the following page indicates perceptions of dental health as reported by all three groups.

Table 7

Respondents Describing Their Present Dental Health Condition

(Third Survey Figures)

	DDP	Medicaid	Non-Recipients
Excellent	20%	13%	12%
Good	41%	40%	31%
Average	13%	12%	13%
Fair	13%	15%	16%
Poor	12%	19%	27%
No Answer	1%	1%	1%

DDP has been more effective than Medicaid in improving dental health among respective program respondents. 59% of DDP respondents considered their dental health to be "good" or "excellent" at the last survey administration, whereas only 20% felt it to be in similar categories at the beginning of the project. The similar percentage in Medicaid rose only 28% from the first survey administration. Table 8 below, which has been distilled from Appendix E-2, Tables 103, 118, and 131, indicates this trend in more pronounced detail.

Table 8

Respondents Reporting Changes in Dental Health In the Past Year

DENTAL HEALTH HAS:	DDP	Medicaid	Non-Recipients
Improved	25%	13%	8%
Remained Same	64%	78%	76%
Deteriorated	11%	9%	16%

All respondents held a generally favorable view of the quality of dental care received over the three survey administrations. DDP and Medicaid respondents have an equal perception of the quality of both dentists and dental care. Table 9 below summarizes these general attitudes among respondents.

Table 9

Respondents' Perceptions of Quality of Dental Care
(Three Survey Averages)

ON LAST VISIT, MY DENTAL CARE WAS:	DDP	Medicaid	Non-Recipients
Excellent/Good	83%	82%	84%
Average	7%	5%	7%
Fair/Poor	10%	13%	9%
I RATE MY PRESENT DENTIST AS:			
Excellent/Good	89%	92%	92%
Average	5%	4%	2%
Fair/Poor	6%	4%	6%

Similar percentages in each respondent group felt that they were given better treatment by dentists since program enrollment; few people in either program felt that they now received worse treatment. About one-tenth of both DDP and Medicaid respondents indicated a post-enrollment improvement in the manner in which they were treated by dentists. Less than 2% of either group felt that treatment was worse since joining the program.

B. Program Services

Outreach/Intake (Appendix E-2, Tables 29, 30, 31)

The DDP outreach effort depended primarily on "word of mouth" referrals; only one-third of DDP enrollees were referred to the program by other agencies as compared to three-quarters of the Medicaid recipients. Very little use of radio, TV, or program efforts in either program was reported, though one-quarter of DDP enrollees reported that they became aware of the program through publications.

Little difficulty in the enrollment process was indicated by enrollees in both programs. About 95% of DDP and Medicaid respondents reported that enrollment was easy.

DDP respondents reported a clearer understanding of program benefits than did Medicaid respondents, indicating that the DDP intake process provided a thorough explanation of program procedures and benefits. At the last survey, 98% of DDP respondents felt that program benefits had been clearly explained, whereas 93% of Medicaid respondents felt similarly. This Medicaid percentage had increased substantially from the first survey (from 71%), implying an intensified effort by that program to explain dental benefits to Medicaid recipients.

Supportive Services (Appendix E-2, Tables 45, 46, 47)

DDP services were more extensive than those in Medicaid, and were

also perceived more favorably by DDP recipients. Table 10 indicates reported contacts between program staff and recipients as of the last survey. Almost all the DDP recipients had had contact with program staff since their enrollment, compared to only four-fifths of the Medicaid group.

Table 10

Respondents Reporting Contact With Program Staff

	DDP	Medicaid
In Their Home	77%	63%
At Program Office	23%	22%
None	6%	20%

(Totals sum to over 100% due to multiple responses)

Supportive services are primarily informational in both programs. The most frequently mentioned services are summarized in Table 11 on the following page.

Services in both programs dropped between the second and third surveys; though most significantly in Medicaid (down 50%). Physical support services, as reported below, were quite infrequent. Only in the area of referrals did the Medicaid program provide more services than DDP.

Table 11

Respondents Reporting Services of Program Staff
(Figures from Third Survey Administration)

WHAT PROGRAM STAFF HAS DONE:	DDP	Medicaid
Ask household income	96%	83%
Ask quality of dental care	57%	21%
Explain dental benefits	64%	26%
Give pamphlets	46%	13%
Explain premium contribution	24%	3%
Provide dental education/ hygiene	24%	8%
Transportation to dentist	6%	1%
Help make appointment	4%	1%
Help choose dentist	4%	1%
Referred to other programs	2%	7%
Child care	1%	1%
Help straighten out bills	1%	1%

DDP recipients responded more favorably to program staff visits and services than Medicaid recipients. However, both groups overwhelmingly indicated that the visits and services were at least "somewhat helpful."

As Table 12 illustrates, only a handful of the Medicaid group termed the visits "not very helpful."

Table 12

Respondents' Attitudes Concerning Helpfulness of Staff Visits and Services
(Three Survey Average)

	DDP	Medicaid
Very Helpful	75%	61%
Somewhat Helpful	25%	35%
Not Very Helpful	---	4%

Because of the great emphasis by DDP on informational services, DDP recipients reported that they had a greater knowledge of dental care than did Medicaid recipients. Over the three survey administrations, an average of 55% of DDP recipients reported an increase in knowledge of dental care since enrolling, compared to 33% in the Medicaid group. These figures indicate that DDP operated a strong dental education program which had the ability to influence dental care attitudes and habits significantly. This subject is discussed further below.

4. Dental Care Utilization and Attitudes

A. Utilization (Appendix E-2, Tables 22, 32, 10)

Participants in both programs clearly utilized dental benefits, although DDP respondents utilized benefits more fully and on a more timely basis. As of the last survey, 95% of the DDP respondents had visited a dentist since enrolling in the program whereas only 74% of Medicaid respondents had made such a visit. As noted above,

substantially more DDP enrollees and their children had visited the dentist within the past year (at the time of the last survey) than similar people in the Medicaid group. In addition, three times as many DDP recipients than Medicaid recipients had visited the dentist within two months of enrollment.

The education program of DDP has instilled generally positive attitudes toward dentists and dental care, with the expectation that these attitudes will be translated into better dental habits. At the time of the last survey, over half of the DDP recipients reported an intention to visit the dentist within six months, compared to less than one-third of the Medicaid and Non-Recipient samples.

Table 13

Respondents Reporting When They Next Expect to Visit the Dentist
(Last Survey Administration)

	DDP	Medicaid	Non-Recipients
Within Next Month	34%	11%	11%
Within Six Months	56%	31%	29%
When Needed	23%	36%	14%
Not Planned	7%	19%	29%
Don't Know	14%	11%	21%

Respondents Reporting That They Make Regular Dentist Visits
(Third Survey)

Yes	90%	72%	57%
No	10%	28%	43%

Less than one-tenth of the DDP group was not planning a dentist visit, compared to twice that percentage in Medicaid. Only one-quarter of DDP respondents, compared to one-third of the Medicaid recipients, reported that they planned to visit a dentist only "when needed," implying that DDP has instilled a greater feeling of the necessity of regular visits among its recipients than has Medicaid.

This contention is also partially supported by the different attitudes between the two samples on the timeliness of check-ups. A slightly greater proportion of DDP enrollees (77%) than Medicaid enrollees (73%) at the last survey indicated that dental check-ups should occur within six months. The Medicaid figure rose substantially from the first survey, while the DDP percentage increased only slightly.

A greater percentage of the DDP sample had a regular dentist than either the Medicaid or Non-Recipient samples. Tables 9 and 13 above reflect the emphasis in DDP on good dental habits and regular care. DDP recipients tend to rate their current dentist higher than the Medicaid recipients; at the third survey, over half of the DDP group rated their present dentist as excellent, whereas only 40% of the Medicaid group used that rating.

However, in all other questions relating to treatment by dentists, the DDP and Medicaid groups had similar responses. Over four-fifths of all three samples considered their dentist as "friendly and concerned." Similar percentages in all three groups reported that they

had "a lot" of confidence in their dentists. About 90% of both program groups thought that their treatment by dentists had not changed since joining their program, nor had their general feelings about dentists been altered.

B. General Attitudes (Appendix E-2, Tables 42, 43, 39, 27, 28)

A considerably larger percentage of DDP (87%) than Medicaid respondents (64%) felt that their dental health had improved a lot or some since being enrolled in their respective programs.

Table 14

Respondents Reporting That Their Dental Health Has/Has Not Improved Since Being on the Program

(Third Survey)

MY DENTAL HEALTH HAS IMPROVED:	DDP	Medicaid
A Lot	57%	28%
Some	30%	36%
Very Little	7%	6%
Not at all	7%	28%

This positive attitude seems to have also influenced other attitudes so that DDP enrollees also generally feel healthier and more financially secure than do Medicaid respondents. Table 15 illustrates the average percentages for these responses.

Table 15

Respondents Reporting How They Feel Since Being on Their Program

	DDP	Medicaid
Healthier than before	51%	33%
About the Same	47%	42%
Less Healthy	2%	5%
More Financially Secure	80%	77%
About the Same	18%	22%
Less Financially Secure	---	1%

Over half of DDP enrollees felt generally healthier compared to one-third of the Medicaid sample, despite the fact that DDP provides only dental benefits and Medicaid covers a wide range of medical services. It is possible that the perception of improved overall health may be a psychological outgrowth of the DDP information and supportive services and consequent positive attitudes towards dental care.

DDP enrollees, in general, expressed greater satisfaction with their program than did Medicaid enrollees. As indicated in Table 16, on the following page, 91% of DDP enrollees felt "very satisfied" with DDP, whereas only 82% in the Medicaid group felt similarly about their program.

Table 16

Respondents Reporting How They Feel About Their Program in General
(Three Survey Average)

	DDP	Medicaid
Very satisfied	91%	82%
Fairly satisfied	6%	15%
Not very satisfied	3%	3%

This positive feeling about the DDP program translates into a greater willingness of DDP enrollees to financially participate in a dental insurance plan. Thirty percent of Medicaid enrollees would contribute $10 or less as a premium compared to 40% of DDP respondents, as reported in Table 17.

Table 17

Respondents Reporting The Maximum Monthly Amount They Are Willing to Pay for Dental Insurance
(Average Over Three Surveys)

	DDP	Medicaid	Non-Recipients
$1 - 10	40%	30%	43%
$10 - 50	2%	2%	2%
Nothing	28%	32%	31%
Don't Know	30%	36%	24%

However, the willingness to participate among DDP enrollees declined since the first administration, reflecting the decreasing emphasis on premium participation by the program. The willingness to become involved with a dental insurance plan was highest among Non-Recipients, perhaps indicating their high relative need for such a program.

5. Summary and Conclusions

In general, the Demonstration Dental Program, as perceived by program recipients, was considered an effective and desirable program. DDP services were perceived to be of high quality and were well utilized. DDP project staff provided extensive services which were favorably received by the program enrollees. DDP recipients maintained positive attitudes toward dental care in general, and began to develop good, regular dental care habits.

In comparison with similar attitudes of Medicaid recipients, the evaluation of DDP would be favorable. In most of the important indicators, the DDP program was rated higher than Medicaid, or at least equal. Only in a few instances was the performance of Medicaid perceived as better. However, improvements in the Medicaid program were reflected in the survey results from the second and third administrations, and performance improved dramatically over the survey period. This positive change in the dental care portion of the Medicaid program may have been due to the presence of DDP and any competitive influence generated as a result.

On the other hand, as noted in our June 30, 1973 progress report, the survey results from the third administration seemed to contradict several early trends generated by the first two surveys. Closer examination of the results from all three surveys indicated that this was not a "serious" contradiction. However, this beginning of a potential adverse trend within DDP does raise questions regarding the operation of a dental care program where most of the recipients are on a maintenance program. Though our survey figures show no major attitudinal differences between the DDP enrollees as a whole and those on the maintenance plan, the feeling of need among enrollees and intensity of effort by the program staff may wane as program intake is closed and extensive remedial dental care gives way to routine dental check-ups.

SECTION VI

OTHER OBSERVATIONS

VI. OTHER OBSERVATIONS

Throughout the course of the evaluation of the Butte Dental Program, additional activities were undertaken which did not fall into the broad categories represented by the preceding sections but nevertheless provided useful insights regarding the program's performance. These observations are included in this section under the following areas:

-- focus group sessions
-- "medically needy" observations
-- "training" in dental care practices

A. FOCUS GROUP SESSIONS

At various times during the three year demonstration, focus group sessions were conducted by UMC with recipients, providers, the carrier, and State SRS personnel. These sessions were held in order to gain individual insights regarding program operations and evaluation activities. Although a discussion leader was present for each of these sessions, the group was generally encouraged to develop its own thinking and consensus on a variety of issues relating to the program.

The most extensive and numerous focus group sessions were held with program recipients. These sessions were intended primarily

to assist UMC in refining the issues addressed in the questionnaire, and described in Section V above. Attitudes toward dental health care were explored from various perspectives with both program and Medicaid recipients as well as with non-recipients in Silver Bow County.

In addition, many extended sessions were held with the carrier, Delta Dental Plan of Montana, throughout the course of the study. The carrier's reaction to the program was basically very favorable, which was further evidenced by willingness to continue to underwrite maintenance benefits for a fourth program year. A request for a fourth program year was submitted to Section 1115 in Washington but was not approved.

The carrier stated that the process which was established to operate the program helped curb both recipient abuse and falsified dentist claims. This process worked as follows. The dentist would first undertake an examination of the recipient and submit a plan of treatment to Delta along with accompanying x-rays. Delta would then review and approve the plan before treatment could begin. Under this arrangement, it was virtually impossible for the recipient to abuse the benefits, and there were also a minimum number of instances where dental care was not adequately provided. These were not cases of falsification of claims but were rather certain isolated instances of recipient dissatisfaction with work performed. In most of these cases, the problem was resolved by having the

remainder of the treatment performed by another dentist, following subsequent approval by Delta.

Participating dentists also had generally favorable reactions to the program. They reported that the vendor payment system was adequate and those dentists who also treated Medicaid patients reported that Delta's method of payment was as fast as Medicaid's. The dentists also voiced approval of the fee schedule which was used by Delta since this provided for higher allowances for the same procedures. (The difference in fee schedules between Delta Dental Plan and Medicaid is described in detail in Section IV, above.) Dentist approval of Delta's system was in spite of the fact that Delta retained 5% of claims paid to dentists for "research." Dentists serving both Medicaid and Butte Dental Program recipients were unable to make a distinction between the two groups relative to whether one program had fewer missed appointments or late arrivals than the other. In general, they thought that both programs were "about the same" in these respects.

The project sponsor, Montana SRS, was satisfied with the administrative arrangements under which the project operated. Since Delta operated relatively autonomously, very few administrative problems were experienced by SRS in overseeing the demonstration. The major role which SRS played was in the negotiation of the three yearly contracts with the carrier. SRS's original plans to consider utilizing the carrier to underwrite the State's dental care program

under Medicaid were abandoned when the cost experience of the program proved disadvantageous.

B. "MEDICALLY NEEDY" OBSERVATIONS

Originally, there was a sixth demonstration hypothesis which proposed that the State's Medicaid dental care services could be extended to the "medically needy" and AFDC-UF categories without higher proportionate costs for those segments of the low-income population.

This hypothesis was subsequently eliminated when the State extended full Medicaid benefits to the medically needy group in July of 1973. The research which had been done to that point (and which was detailed in earlier UMC evaluation progress reports) suggested that there were basically no differences in program utilization among those Butte Dental Program enrollees who would qualify as "medically needy" and other program recipients including those few who were "Medicaid eligible." As explained in Section I of this report, however, the numbers of recipients in these cells were so small as to preclude making any but the most generalized observations concerning differences among various cells.

C. "TRAINING" IN DENTAL CARE PRACTICES

One final observation is in order. It was evident from our close experiences with the program that social services were very beneficial in providing necessary encouragement to recipients to utilize dental benefits to which they were entitled. The idea of completing a "plan of treatment" was an unfamiliar concept to low income recipients who had previously viewed the dentist as "someone you go to when you have a toothache." In spite of this difficulty, the great majority of Butte Dental Program recipients did go on to complete their "Initial" treatment plans. However, it then became apparent that the real learning problem existed with respect to maintenance care.

Recipients were also unfamiliar with the concept of preventative care. After completing their extensive initial care, recipients saw little use in going back to the dentist again, particularly so soon after having such major dental work. Therefore, even greater social services were needed to support the program in training recipients concerning the need for "preventative care." As mentioned in Section V, the project was somewhat successful in this area as measured by changed attitudes toward dental care practices. However, this attitudinal barrier was still one of the major reasons for low utilization experience of maintenance benefits by Butte Dental Program recipients.

APPENDICES

APPENDIX A

A-1 Comparison of Benefits and Limitations - State Medicaid and Butte Dental Program

APPENDIX A-1

COMPARISON OF BENEFITS AND LIMITATIONS -- STATE MEDICAID AND BUTTE DENTAL PROGRAM

	State Medicaid	Butte Dental Program Initial II	Butte Dental Program Maintenance II
1. EMERGENCY DENTAL CARE.....	Yes.....	Yes.....	Yes
2. DIAGNOSTIC AND PREVENTATIVE DENTAL SERVICES.....	Yes.....	Yes.....	Yes
A. Fluoride treatments allowed annually.....	Yes.....	Yes.....	Yes
B. Full-mouth x-rays allowed once every 3 years...	Yes.....	Yes.....	Yes
C. Bite wing x-rays allowed annually.....	Yes.....	Every 6 mos.....	Every 6 mos
D. Examination allowed every 6 months.....	Yes.....	No-Annually.....	No-Annually
E. Prophylaxis allowed once every 6 mos.....	Yes.....	Yes.....	Yes
F. X-rays submitted on all claims	No.....	Yes.....	Yes
3. DENTAL SERVICES ESSENTIAL TO VOCATIONAL REHABILITATION	Yes.....	Yes.....	Yes-Non-accident related; no prosthetics, only repairs
4. RESTORATION OF CARIOUS TEETH			
A. No gold inlays allowed.	Applies.....	Applies.....	Applies
B. No crowns allowed on deciduous incisors..	Applies.....	Applies.....	Applies
C. No fee allowed for pulp capping.....	Applies.....	Applies.....	Applies
5. ORAL SURGERY-Extensive oral surgery must be approved by local review committee.....	Yes.....	Yes.....	Yes
6. ENDODONTICS-Limited to upper and lower six anterior teeth	Yes.....	Yes.....	Yes
7. PROSTHETICS			
A. Full Dentures			
1) If patient has not had any teeth for 5 years, case must be referred to local review committee..	Yes.....	Yes.....	None allowed

	State Medicaid	Butte Dental Program Initial II	Maintenance II
2) If patient has dentures less than 10 years old, case must be referred to local review committee..	Yes.....	Yes.....	None allowed
3) Relines of immediate dentures not allowed until 6 mos. after placement....	Applies.....	Applies.....	None allowed
4) Other relines allowed once in 3 years.....	Applies.....	Applies.....	None allowed
5) No cold cure relines allowed.....	Applies.....	Applies.....	None allowed
6) Tissue conditioners considered part of original denture fee.....	Yes.....	Yes.....	None allowed
7) Repairs.....	Yes.....	Yes.....	Yes
B. PARTIAL DENTURES			
1) Allowed when one or more anterior teeth are to be included in the partial	Yes.....	Yes.....	No
2) Allowed when four or more posterior teeth (exclusive of 3rd molars) are missing but chrome-cobalt type not allowed.....	Yes.....	Yes.....	No
3) Tube teeth or cust saddles not allowed.....	Applies.....	Applies.....	No
4) Repairs.....	Yes.....	Yes.....	Yes
PERIODONTICS			
A. Non-Surgical.....	No.....	Yes.....	Yes
B. Surgical.....	No.....	Yes.....	No
CROWNS & BRIDGES			
A. Esthetic crowns allowed to U/L 6 anteriors.....	Yes.....	Yes-8.....	Yes-8
B. Full crowns allowed only on unrestorable teeth...	Yes.....	Yes.....	Yes

	State Medicaid	Butte Dental Program Initial II	Maintenance II
C. Fixed bridges allowed only when two or less anterior teeth are missing.....	Applies.....	Applies.....	None allowed
D. 3/4 crowns and steel facings must be used when possible.....	Yes.....	Yes.....	Yes
E. Ceramco bridges must be approved by local review committee.....	Yes.....	Yes.....	Yes
F. Repairs.....	Yes.....	Yes.....	Yes
1. USUAL AND CUSTOMARY FEE UP TO THE 90th PERCENTILE.....	No.....	Yes.....	Yes

APPENDIX B

B-1 Demonstration Hypotheses

DEMONSTRATION HYPOTHESIS

1. *That it is economically and operationally feasible to provide comprehensive dental care to welfare recipients through a private, pre-paid insurance plan.*

EVALUATIVE CRITERIA

Quantitative ("Hard Data")

Dental care for program recipients which is equivalent in quality and scope to Medicaid.

Dental care provided to program recipients at a cost less than, or not in excess of Medicaid.

Levels of unpaid claims and accounting errors less than, or not in excess of Medicaid.

Vendor payment system faster than, or at least as timely as, Medicaid.

No financial loss or excessive gain for private insurer.

Forecasted long-term cost advantages.

Qualitative ("Soft Data")

Favorable reaction of participating dentists to pre-paid insurance plan; also to program generally.

Positive recipient attitude toward insurance plan; willingness to help pay premiums should their incomes increase.

Favorable attitude of insurer; willingness to continue underwriting low-income recipients.

Favorable attitude of project sponsor and supervisor regarding administrative practicality of a pre-paid program.

DEMONSTRATION HYPOTHESIS

2. *That a dental care program emphasizing initial remedial care followed by comprehensive maintenance treatment will result in substantial long-run health and cost advantages compared to "ad hoc" dental care under Medicaid.*

EVALUATIVE CRITERIA

Quantitative ("Hard Data")

A trend toward lower average costs for "maintenance" care of program recipients as compared to average costs for dental care under Medicaid. Costs of care for program recipients will be evaluated on an actual fee basis. Trend should be evident after one year of maintenance coverage (July 1, 1972 for most program recipients) and point toward lower costs by July 1, 1973.

Qualitative ("Soft Data")

Better dental health of program recipients as compared to Medicaid dental recipients, as indicated by the recipients' judgments of their dental health.

DEMONSTRATION HYPOTHESIS

3. *That low-income recipients will contribute to the cost of their dental care as their economic status improves by helping to pay their premiums.*

EVALUATIVE CRITERIA

Quantitative ("Hard Data")	Qualitative ("Soft Data")
remium contributions by at least alf of those program recipients hose incomes increase beyond he original eligibility level.	Favorable recipient attitudes toward helping to pay premiums.
egularity and longevity of re-ipients' premium contributions.	Favorable attitude toward amount of contribution.

DEMONSTRATION HYPOTHESIS

4. *That inclusion of supportive social services and dental care education into the medical delivery system increases the ability and willingness of recipients to utilize dental care.*

EVALUATIVE CRITERIA

Quantitative ("Hard Data")

More frequent utilization of dental care by program recipients than equivalent Medicaid sample.

Fewer missed dentist appointments by program recipients as opposed to Medicaid recipients; fewer late arrivals to appointments.

Qualitative ("Soft Data")

Less trouble getting to the dentist reported on the part of program recipients compared to Medicaid recipients.

More favorable attitudes toward dental care and dentists on the part of program recipients compared to Medicaid recipients.

Less fear regarding dental treatment; more willing to seek dental care.

Favorable recipient attitude toward social services provided.

More knowledge about dental care and higher propensity for utilizing preventative dental care on the part of program recipients compared to Medicaid recipients.

DEMONSTRATION HYPOTHESIS

5. *Costs of dental care can be minimized through the use of abuse controls applied to both recipients and providers.*

EVALUATIVE CRITERIA

Quantitative ("Hard Data")	Qualitative ("Soft Data")
ower incidence of program recipent abuse than in Medicaid.	Few or no fraudulent recipient or dentist claims decided by Dental Review Board.
ower incidence of falsified entist claims than in Medicaid.	
evel of premiums which approxiate actual fees plus administraive expense.	

APPENDIX C-1

DEMONSTRATION DENTAL PROGRAM
ENROLLMENT DATA

(1)

FUNDING PERIOD FIRST

	NOV., 1970		DEC., 1970		JAN., 1971		FEB., 1971		MARCH, 1971		APRIL, 1971		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	115	216	14	19	43	49	21	18	27	35	35	57		
b. DELETIONS (1) to Maintenance	0	0	0	0	0	0	0	0	0	0	0	0		
(2) Closures	0	0	0	0	2	0	2	1	0	0	0	0		
(3) Refunds	0	0	0	0	0	0	0	0	0	0	0	0		
(4) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	0	0	0	0	2	0	2	1	0	0	0	0		
c. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0		
d. NET ENROLLMENT (a-b+c)	115	216	14	19	41	49	19	17	27	35	35	57		
e. CURRENT INIT. (Last Init.+d)	115	216	129	235	170	284	189	301	216	336	251	393		
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)														
g. DELETIONS (1) Closures														
(2) Refunds														
(3) Expirations														
Total Deletions														
h. REINSTATEMENTS														
i. NET MAINTENANCE (f-g+h)														
j. CURRENT MAINT. (Last Maint.+i)														
k. CASELOAD (e+j)	115	216	129	235	170	284	189	301	216	336	251	393		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	0	0	0	0	2	0	4	1	4	1	4	1		
m. CUMULATIVE ENROLLMENT (Sum of a)	115	216	129	235	172	284	193	302	220	337	255	394		

Prepared by [illegible]

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD FIRST

	MAY, 1971		JUNE, 1971		JULY, 1971		AUG., 1971		SEPT., 1971		OCT., 1971		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	13	15	0	0	0	0							268	409
b. DELETIONS (1) to Maintenance	0	0	0	0	0	0							0	0
(2) Closures	0	0	1	1	62	81							67	83
(3) Refunds	0	0	0	0	0	0							0	0
(4) Expirations	0	0	0	0	201	326							201	326
Total Deletions	0	0	1	1	263	407							268	409
c. REINSTATEMENTS	0	0	0	0	0	0							0	0
d. NET ENROLLMENT (a-b+c)	13	15	-1	-1	-263	-407							0	0
e. CURRENT INIT. (Last Init.+d)	264	408	263	407	0	0							0	0
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)							0	0	0	0	0	0	0	0
g. DELETIONS (1) Closures							0	0	0	0	18	30	18	30
(2) Refunds							0	0	0	0	0	0	0	0
(3) Expirations							0	0	0	0	101	165	101	165
Total Deletions							0	0	0	0	119	195	119	195
h. REINSTATEMENTS							119	195	0	0	0	0	119	195
i. NET MAINTENANCE (f-g+h)							119	195	0	0	-119	-195	0	0
j. CURRENT MAINT. (Last Maint.+i)							119	195	119	195	0	0	0	0
k. CASELOAD (e+j)	264	408	263	407	0	0	119	195	119	195	0	0	0	0
l. CUMULATIVE CLOSURES (Sum of b2+g1)	4	1	5	2	67	83	67	83	67	83	85	113	85	113
m. CUMULATIVE ENROLLMENT (Sum of a)	268	409	268	409	268	409	268	409	268	409	268	409	268	409

3 MONTH MAINTENANCE

Prepared by Elizabeth Barnick

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD SECOND

	NOV., 1971		DEC., 1971		JAN., 1972		FEB., 1972		MARCH, 1972		APRIL, 1972		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	8	3	11	29	16	10	7	4	3	1	0	0		
b. DELETIONS (1) to Maintenance	0	0	0	0	10	7	7	18	4	5	9	15		
(2) Closures	0	0	0	0	0	0	5	4	7	3	0	0		
(3) Refunds	0	0	3	3	3	6	3	2	0	0	0	0		
(4) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	0	0	3	3	13	13	15	24	11	8	9	15		
c. REINSTATEMENTS	72	90	0	4	0	0	0	1	0	0	0	0		
d. NET ENROLLMENT (a-b+c)	80	93	8	30	3	-3	-8	-19	-8	-7	-9	-15		
e. CURRENT INIT. (Last Init.+d)	80	93	88	123	91	120	83	101	75	94	66	79		
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	0	0	0	0	10	7	7	18	4	5	9	15		
g. DELETIONS (1) Closures	0	0	0	0	0	0	7	18	10	19	1	2		
(2) Refunds	0	0	2	0	4	13	0	0	2	0	0	1		
(3) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	0	0	2	0	4	13	7	18	12	19	1	3		
h. REINSTATEMENTS (13 ad. & 27 ch. from 1st Initial) (101 ad & 165 ch. from 3 Mo. Maint.)	114	192	1	1	0	0	1	0	0	0	0	0		
i. NET MAINTENANCE (f-g+h)	114	192	-1	1	6	-6	1	0	-8	-14	8	12		
j. CURRENT MAINT. (Last Maint.+i)	114	192	113	193	119	187	120	187	112	173	120	185		
k. CASELOAD (e+j)	194	285	201	316	210	307	203	288	187	267	186	264		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	0 / 85	0 / 113	0 / 85	0 / 113	0 / 85	0 / 113	12 / 97	22 / 135	29 / 114	44 / 157	30 / 115	46 / 159		
m. CUMULATIVE ENROLLMENT (Sum of a)	8 / 276	3 / 412	19 / 287	32 / 441	35 / 303	42 / 451	42 / 310	46 / 455	45 / 313	47 / 456	45 / 313	47 / 456		

Prepared by Elizabeth Taparia

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD SECOND

	MAY, 1972		JUNE, 1972		JULY, 1972		AUG., 1972		SEPT., 1972		OCT., 1972		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	1	0	0	1	1	0	10	15	4	12	0	0	61	75
b. DELETIONS (1) to Maintenance	10	15	2	3	2	10	5	4	0	0	0	0	49	77
(2) Closures	0	1	3	0	0	0	0	0	0	0	0	0	15	8
(3) Refunds	0	0	0	0	0	0	0	0	0	0	0	0	9	11
(4) Expirations	0	0	0	0	0	0	0	0	0	0	60	74	60	74
Total Deletions	10	16	5	3	2	10	5	4	0	0	60	74	133	170
c. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0	72	95
d. NET ENROLLMENT (a-b+c)	-9	-16	-5	-2	-1	-10	5	11	4	12	-60	-74	0	0
e. CURRENT INIT. (last Init.+d)	57	63	52	61	51	51	56	62	60	74	0	0	0	0
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	10	15	2	3	2	10	5	4	0	0	0	0	49	77
g. DELETIONS (1) Closures	2	2	1	4	1	2	0	0	0	0	0	0	22	47
(2) Refunds	0	0	0	0	0	0	0	0	0	0	0	0	8	14
(3) Expirations	0	0	0	0	0	0	0	0	0	0	135	209	135	209
Total Deletions	2	2	1	4	1	2	0	0	0	0	135	209	165	270
h. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0	116	193
i. NET MAINTENANCE (f-g+h)	8	13	1	-1	1	8	5	4	0	0	-135	-209	0	0
j. CURRENT MAINT. (Last Maint.+i)	128	198	129	197	130	205	135	209	135	209	0	0		
k. CASELOAD (e+j)	185	261	181	258	181	256	191	271	195	283	0	0		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	32 / 117	49 / 162	36 / 121	53 / 166	37 / 122	55 / 168	37 / 122	55 / 168	37 / 122	55 / 168				
m. CUMULATIVE ENROLLMENT (Sum of a)	46 / 314	47 / 456	46 / 314	48 / 457	47 / 315	48 / 457	57 / 325	63 / 472	61 / 329	75 / 484				

Prepared [illegible]

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD SECOND

	MAY, 1972		JUNE, 1972		JULY, 1972		AUG., 1972		SEPT., 1972		OCT., 1972		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	1	0	0	1	1	0	10	15	4	12	0	0	61	75
b. DELETIONS (1) to Maintenance	10	15	2	3	2	10	5	4	0	0	0	0	49	77
(2) Closures	0	1	3	0	0	0	0	0	0	0	0	0	15	8
(3) Refunds	0	0	0	0	0	0	0	0	0	0	0	0	9	11
(4) Expirations	0	0	0	0	0	0	0	0	0	0	60	74	60	74
Total Deletions	10	16	5	3	2	10	5	4	0	0	60	74	133	170
c. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0	72	95
d. NET ENROLLMENT (a-b+c)	-9	-16	-5	-2	-1	-10	5	11	4	12	-60	-74	0	0
e. CURRENT INIT. (Last Init.+d)	57	63	52	61	51	51	56	62	60	74	0	0	0	0
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	10	15	2	3	2	10	5	4	0	0	0	0	49	77
g. DELETIONS (1) Closures	2	2	1	4	1	2	0	0	0	0	0	0	22	47
(2) Refunds	0	0	0	0	0	0	0	0	0	0	0	0	8	14
(3) Expirations	0	0	0	0	0	0	0	0	0	0	135	209	135	209
Total Deletions	2	2	1	4	1	2	0	0	0	0	135	209	165	270
h. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0	116	193
i. NET MAINTENANCE (f-g+h)	8	13	1	-1	1	8	5	4	0	0	-135	-209	0	0
j. CURRENT MAINT. (Last Maint.+i)	128	198	129	197	130	205	135	209	135	209	0	0		
k. CASELOAD (e+j)	185	261	181	258	181	256	191	271	195	283	0	0		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	32 / 117	49 / 162	36 / 121	53 / 166	37 / 122	55 / 168	37 / 122	55 / 168	37 / 122	55 / 168				
m. CUMULATIVE ENROLLMENT (Sum of a)	46 / 314	47 / 456	46 / 314	48 / 457	47 / 315	48 / 457	57 / 325	63 / 472	61 / 329	75 / 484				

Prepared by Virginia Yarrick

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD SECOND

	MAY, 1972		JUNE, 1972		JULY, 1972		AUG., 1972		SEPT., 1972		OCT., 1972		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	1	0	0	1	1	0	10	15	4	12	0	0	61	75
b. DELETIONS (1) to Maintenance	10	15	2	3	2	10	5	4	0	0	0	0	49	77
(2) Closures	0	1	3	0	0	0	0	0	0	0	0	0	15	8
(3) Refunds	0	0	0	0	0	0	0	0	0	0	0	0	9	11
(4) Expirations	0	0	0	0	0	0	0	0	0	0	60	74	60	74
Total Deletions	10	16	5	3	2	10	5	4	0	0	60	74	133	170
c. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0	72	95
d. NET ENROLLMENT (a-b+c)	-9	-16	-5	-2	-1	-10	5	11	4	12	-60	-74	0	0
e. CURRENT INIT. (Last Init.+d)	57	63	52	61	51	51	56	62	60	74	0	0	0	0
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	10	15	2	3	2	10	5	4	0	0	0	0	49	77
g. DELETIONS (1) Closures	2	2	1	4	1	2	0	0	0	0	0	0	22	47
(2) Refunds	0	0	0	0	0	0	0	0	0	0	0	0	8	14
(3) Expirations	0	0	0	0	0	0	0	0	0	0	135	209	135	209
Total Deletions	2	2	1	4	1	2	0	0	0	0	135	209	165	270
h. REINSTATEMENTS	0	0	0	0	0	0	0	0	0	0	0	0	116	193
i. NET MAINTENANCE (f-g+h)	8	13	1	-1	1	8	5	4	0	0	-135	-209	0	0
j. CURRENT MAINT. (Last Maint.+i)	128	198	129	197	130	205	135	209	135	209	0	0		
k. CASELOAD (e+j)	185	261	181	258	181	256	191	271	195	283	0	0		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	32 / 117	49 / 162	36 / 121	53 / 166	37 / 122	55 / 168	37 / 122	55 / 168	37 / 122	55 / 168				
m. CUMULATIVE ENROLLMENT (Sum of a)	46 / 314	47 / 456	46 / 314	48 / 457	47 / 315	48 / 457	57 / 325	63 / 472	61 / 329	75 / 484				

Prepared by Elizabeth Kramick

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD THIRD

	OCT., 1972		NOV., 1972		DEC., 1972		JAN., 1973		FEB., 1973		MARCH, 1973		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	3	0	6	12	4	8	7	11	7	13	28	28		
b. DELETIONS (1) to Maintenance	0	0	0	0	0	0	3	0	1	0	1	5		
(2) Closures	0	0	0	0	0	0	0	0	0	0	0	0		
(3) Refunds	0	0	0	0	0	0	0	0	0	0	0	0		
(4) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	0	0	0	0	0	0	3	0	1	0	1	5		
c. REINSTATEMENTS	0	4	1	0	2	1	0	0	1	0	0	3		
d. NET ENROLLMENT (a-b+c)	3	4	7	12	6	9	4	11	7	13	27	26		
e. CURRENT INIT. (Last Init.+d)	3	4	10	16	16	25	20	36	27	49	54	75		
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	0	0	0	0	0	0	3	0	1	0	1	5		
g. DELETIONS (1) Closures	0	0	2	2	0	0	0	0	0	0	0	2		
(2) Refunds	0	0	0	0	0	0	0	0	0	0	0	0		
(3) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	0	0	2	2	0	0	0	0	0	0	0	2		
h. REINSTATEMENTS (7 ad. & 11 ch. from 2nd Initial) (142 ad. & 204 ch. from 2nd Maint.)	149	215	14	9	3	14	4	9	0	2	0	5		
i. NET MAINTENANCE (f-g+h)	149	215	12	7	3	14	7	9	1	2	1	8		
j. CURRENT MAINT. (Last Maint.+i)	149	215	161	222	164	236	171	245	172	247	173	255		
k. CASELOAD (e+j)	152	219	171	238	180	261	191	281	199	296	227	330		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	0 / 122	0 / 168	2 / 124	2 / 170	2 / 124	2 / 170	2 / 124	2 / 170	2 / 124	2 / 170	2 / 124	4 / 172		
m. CUMULATIVE ENROLLMENT (Sum of a)	3 / 332	0 / 484	9 / 338	12 / 496	13 / 342	20 / 504	20 / 349	31 / 515	27 / 356	44 / 528	55 / 384	72 / 556		

Prepared by Ragnhild Kvarnes

DEMONSTRATION DENTAL PROGRAM

FUNDING PERIOD THIRD

	APRIL, 1973		MAY, 1973		JUNE, 1973		JULY, 1973		AUG., 1973		SEPT., 1973		TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	27	13	6	3	0	0	0	0	0	0	0	0		
b. DELETIONS (1) to Maintenance	2	2	9	7	3	1	14	15	12	15	3	13		
(2) Closures	0	0	0	0	0	0	1	1	0	0	1	1		
(3) Refunds	0	0	0	0	0	0	0	0	0	0	0	0		
(4) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	2	2	9	7	3	1	15	16	12	15	4	14		
c. REINSTATEMENTS	1	0	0	2	0	0	0	0	0	0	0	0		
d. NET ENROLLMENT (a-b+c)	26	11	-3	-2	-3	-1	-15	-16	-12	-15	-4	-14		
e. CURRENT INIT. (Last Init.+d)	80	86	77	84	74	83	59	67	47	52	43	38		
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	2	2	9	7	3	1	14	15	12	15	3	13		
g. DELETIONS (1) Closures	0	3	2	6	1	0	0	2	2	0	0	0		
(2) Refunds	0	0	0	0	0	0	0	0	0	1	0	0		
(3) Expirations	0	0	0	0	0	0	0	0	0	0	0	0		
Total Deletions	0	3	2	6	1	0	0	2	2	1	0	0		
h. REINSTATEMENTS	1	0	1	0	0	0	0	0	0	0	0	0		
i. NET MAINTENANCE (f-g+h)	3	-1	8	1	2	1	14	13	10	14	3	13		
j. CURRENT MAINT. (Last Maint.+i)	176	254	184	255	186	256	200	269	210	283	213	296		
k. CASELOAD (e+j)	256	340	261	339	260	339	259	336	257	335	256	334		
l. CUMULATIVE CLOSURES (Sum of b2+g1)	2 / 124	7 / 175	4 / 26	13 / 181	5 / 127	13 / 181	6 / 128	16 / 184	8 / 130	16 / 184	9 / 131	17 / 185		
m. CUMULATIVE ENROLLMENT (Sum of a)	82 / 411	85 / 569	88 / 417	88 / 572	88 / 417	88 / 572	88 / 417	88 / 572	88 / 417	88 / 572	88 / 417	88 / 572		

Prepared by Elizabeth Kapanicka

FUNDING PERIOD THIRD

DEMONSTRATION DENTAL PROGRAM

	OCT., 1973												TOTALS	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
INITIAL														
a. NEWLY ENROLLED	0	0											88	88
b. DELETIONS (1) to Maintenance	0	0											48	58
(2) Closures	0	0											2	2
(3) Refunds	0	0											0	0
(4) Expirations	43	38											43	38
Total Deletions	43	38											93	98
c. REINSTATEMENTS	0	0											5	10
d. NET ENROLLMENT (a-b+c)	-43	-38											0	0
e. CURRENT INIT. (Last Init.+d)	0	0												
MAINTENANCE														
f. TRANSFERRED from INITIAL (b1)	0	0											48	58
g. DELETIONS (1) Closures	0	0											7	15
(2) Refunds	0	0											0	1
(3) Expirations	213	296											213	296
Total Deletions	213	296											220	312
h. REINSTATEMENTS	0	0											172	254
i. NET MAINTENANCE (f-g+h)	-213	-296											0	0
j. CURRENT MAINT. (Last Maint.+i)	0	0												
k. CASELOAD (e+j)	0	0												
l. CUMULATIVE CLOSURES (Sum of b2+g1)														
m. CUMULATIVE ENROLLMENT (Sum of a)														

Prepared by Elizabeth Tavares

DEMONSTRATION DENTAL PROGRAM - PREMIUM PARTICIPATION SCALE

ONE ADULT - AGE 20 and OVER / YEARLY PREMIUM, $80.00 /SCHEDULE 1/

PREMIUM CONTRIBUTIONS	YEAR	$16.00	$32.00	$48.00	$64.00	$80.00
	MONTH	$ 1.33	$ 2.67	$ 4.00	$ 5.33	$ 6.67
PERCENT		0 - 20%	21 - 40%	41 - 60%	61 - 80%	81 - 100%
LEVELS of INCOME		$163 - $194	$195 - $227	$228 - $259	$260 - $292	$293 - $324

TWO ADULTS - AGE 20 and OVER / YEARLY PREMIUM, $160.00 /SCHEDULE 2/

PREMIUM CONTRIBUTIONS	YEAR	$32.00	$64.00	$96.00	$128.00	$160.00
	MONTH	$ 2.67	$ 5.33	$ 8.00	$ 10.67	$ 13.33
PERCENT		0 - 20%	21 - 40%	41 - 60%	61 - 80%	81 - 100%
LEVELS of INCOME		$261 - $312	$313 - $364	$365 - $416	$417 - $468	$469 - $520

CHILD(REN) - AGE 19 and UNDER / YEARLY PREMIUM, $60.00 EACH /SCHEDULE 3/

PREMIUM CONTRIBUTIONS	YEAR	$12.00	$24.00	$36.00	$48.00	$60.00
	MONTH	1.00	2.00	3.00	4.00	5.00
PERCENT		0 - 20%	21 - 40%	41 - 60%	61 - 80%	81 - 100%

PAY AMOUNT NOTED IN PROPER PERCENTILE FOR EACH CHILD IN FAMILY.

DEMONSTRATION DENTAL PROGRAM - PREMIUM PARTICIPATION SCALE

ONE ADULT and CHILD(REN)

REFER TO SCHEDULE 1 and SCHEDULE 3 for PREMIUM CONTRIBUTION					
PERCENT	0 - 20%	21 - 40%	41 - 60%	61 - 80%	81 - 100%
Number of Children		N e t I n c o m e			
1	$197-$235	$236-$274	$275-$314	$315-$353	$354-$392
2	$271-$324	$325-$378	$379-$432	$433-$486	$487-$540
3	$309-$370	$371-$431	$432-$493	$494-$554	$555-$616
4	$347-$415	$416-$484	$485-$554	$555-$623	$624-$692
5	$401-$480	$481-$560	$561-$640	$641-$720	$721-$800
6	$439-$526	$527-$613	$614-$701	$702-$788	$789-$876
7	$477-$571	$572-$666	$667-$762	$763-$857	$858-$952
8	$515-$617	$618-$720	$721-$822	$823-$925	$926-$1028
9	$553-$662	$663-$773	$774-$883	$884-$995	$996-$1104
10	$591-$708	$709-$826	$827-$944	$945-$1062	$1063-$1180
11	$629-$754	$755-$879	$880-$1005	$1006-$1130	$1131-$1256
12	$668-$800	$801-$934	$935-$1067	$1068-$1201	$1202-$1334

DEMONSTRATION DENTAL PROGRAM - PREMIUM PARTICIPATION SCALE

TWO ADULTS and CHILD(REN)

REFER TO SCHEDULE 2 and SCHEDULE 3 for PREMIUM CONTRIBUTION					
PERCENT	0 - 20%	21 - 40%	41 - 60%	61 - 80%	81 - 100%
Number of Children		Net Income			
1	$307-$367	$368-$428	$429-$490	$491-$551	$552-$612
2	$345-$413	$414-$482	$483-$550	$551-$619	$620-$688
3	$383-$458	$459-$535	$536-$611	$612-$688	$689-$764
4	$436-$522	$523-$609	$610-$696	$697-$783	$784-$870
5	$474-$568	$569-$662	$663-$757	$758-$851	$852-$946
6	$512-$613	$614-$715	$716-$818	$819-$920	$921-$1022
7	$551-$660	$661-$770	$771-$880	$881-$990	$991-$1100
8	$589-$706	$707-$823	$824-$941	$942-$1058	$1059-1176
9	$627-$751	$752-$876	$877-$1002	$1003-$1127	$1128-$1252
10	$665-$797	$798-$930	$931-$1062	$1063-$1195	$1196-$1328
11	$704-$844	$845-$984	$985-$1125	$1126-$1265	$1266-$1406
12	$742-$889	$890-$1037	$1038-$1186	$1187-$1334	$1335-$1482

APPENDIX C-3

DELTA DENTAL PLAN OF MONTANA

DENTAL CARE CONTRACT

GENERAL CONTRACT CONDITIONS

1. The Delta Dental Plan of Montana (hereinafter referred to as Delta) will furnish the Montana State Department of Public Welfare (hereinafter referred to as the State Welfare Department) with a list of dentists who are duly licensed to practice dentistry in the State of Montana, and who maintain an office for the carrying on of such practice therein, who have agreed to render high quality services according to the highest ethical standards of the dental profession provided for reimbursement based upon usual, customary and reasonable fees on file for each dentist.

> "Usual, Customary and Reasonable Fee" means a fee which satisfies all of the following criteria, as determined by DDPM based upon confidential fee listings filed with DDPM by member dentists and the findings of local dental society review committees.
>
> USUAL: "Usual" fees are those fees usually charged for a given service by an individual dentist to all his private patients, i.e., his own usual fee.
>
> CUSTOMARY: A fee is "customary" when it is within the range of usual fees charged by dentists of similar training and experience for the same service within that same specific and limited geographic area.
>
> REASONABLE: A fee is "reasonable" when it meets the above two criteria and when, in the opinion of the review committee of the responsible dental society, it is justifiable considering the special circumstances of the particular case in question.

2. If the examining dentist shall determine that dental care or treatment is necessary, after examination he shall complete a report setting forth in detail his recommendations for treatment using the Delta claim form. No patient shall be treated by an examining dentist without the prior approval of Delta, except in case of emergency, and where the charges do not exceed Twenty-five ($25.00) Dollars.

3. If the recommended course of treatment or care is approved in whole or in part by Delta, it shall evidence such approval by the issuance of a form designed for such purposes. Such treatment or care shall then be rendered to the patient by the participating dentist.

4. The State Welfare Department through the Silver Bow County Welfare Department shall furnish the following: A patient, eligible for treatment as outlined under the Butte Delta Project Number 11-P-57109/8-01 hereunder and authorized in writing by the Silver Bow County Welfare Department to undergo a dental examination, shall be furnished a copy of the aforementioned list of eligible dentists by the Silver Bow County Department for his inspection and selection of a dentist of his choice. The patient shall be assisted by the Silver Bow County Welfare Department in making an appointment with the dentist for such examination. The dentist reserves the same freedom of choice in the treatment of patients. The order of the Silver Bow County Welfare Department authorizing examination shall be presented by the patient to the dentist at the time of the first appointment.

5. Funding will begin the day specified by the State Welfare Department and the project will remain in effect until the last day of the grant period which will be from July 1, 1970 through June 30, 1973. Funds obligated but not disposed of at the end of the grant period shall be paid out within three (3) months after the close of the grant period. Authorizations for examination and treatment by the State Welfare Department shall be within the dates of the grant period. A separate copy of the record of services to the individual patient shall be provided the project.

6. Delta shall maintain such records and accounts, including property, personnel and financial records as are deemed necessary to the State Welfare Department and the Silver Bow County Welfare Department to assure a proper accounting for all project funds, both Federal and non-Federal shares. These records will be made available for audit purposes to the State Welfare Department, or the Comptroller General of the United States or any authorized representative, and will be retained for ten (10) years after the expiration of this Contract unless permission to destroy them is granted by both the State Welfare Department and the Project Director.

7. Services provided for under this Agreement shall be compensated for by the State Welfare Department upon a fee basis, usual, customary and reasonable fees, plus ten (10%) percent administration expense to compensate Delta for services rendered hereunder. For the first six (6) months usual and special dental care, the charges of which do not appear on the fee schedule, shall be individually considered by the parties hereto and compensation agreed upon before rendition of the services. After the six (6) month period or when sufficient actuarial information regarding people covered under the project is accumulated, at least by the end of the first year after the date the Contract is signed, Delta will provide the State Welfare Department with bids for continuing the dental services for the Butte Delta Project Number 11-P-57109/8-01.

8. Delta will make available to the State Welfare Department, upon request, the services of participating dentists for consultation in respect to the determination of dental needs and in devising programs to care for such needs at a cost to be agreed upon, but not to exceed One Hundred ($100.00) Dollars per diem per consultant. Consultation is available without charge from Delta in course of routine compliance to terms of Contract.

9. At the beginning of the project the State Welfare Department will deposit in the bank of Delta's choice Ten Thousand ($10,000.00) Dollars which Delta can use to pay the usual, customary and reasonable fees by the participating dentists or those who have provided services to eligible recipients. Payments will be made on the 20th day of that month. On or before the 1st day of the following month, Delta will submit a list of itemized expenditures for payment of services for participating dentists and administrative fees at which time the State Welfare Department will restore the expended funds to Delta's account, thus assuring that sufficient funds will be continuously available within the limitations described below.

10. It is expressly understood and agreed that in no event will the total amount obligated and to be paid by the State Welfare Department to Delta under this Agreement exceed the amount set forth in the one year period as outlined in the Butte Delta Project Number 11-P-57109/8-01, and is subject to availability of Federal Funds.

11. Delta agrees to assist the State Welfare Department in complying with the provisions as set forth in the Social Security Act of 1969 and the Montana State Public Welfare Act as set forth in the Revised Codes of Montana, 1947.

12. It is understood and agreed that either party to this Agreement may terminate this Agreement at any time, provided that, not less than a thirty (30) day liquidation period be given to the opposite party. In case of termination, all patients being cared for under the Agreement will be handled in accordance with the terms of this Agreement with such adjustments as may be necessary and satisfactory to both parties.

IN WITNESS WHEREOF, Delta and the State Welfare Department have executed this Agreement as of the date first above written.

DELTA

By _____
President

ATTEST:

_____
Assistant Secretary

Signed this 13th day of November 1970.

STATE WELFARE DEPARTMENT

By Theodore Carkulis
Administrator

ATTEST:

Jack F. Cahoon
Project Director

Signed this 13th day of November 1970.

APPENDIX C-4

3-MONTH MAINTENANCE AGREEMENT

THIS AGREEMENT, dated the 22nd day of July, 1971 between the Montana State Department of Welfare, hereinafter called "The Project", and Delta Dental Plan of Montana, a Montana non-profit corporation, herein called "Delta".

WITNESSETH:

WHEREAS, Delta is a non-profit corporation composed of members duly licensed by the State of Montana to practice dentistry in the State of Montana,and it is the purpose of Delta to provide dental care under plans with responsible groups, agencies and trusts, and to maintain the prime requisites of an independent and responsible profession, i.e., fees for services, free choice of dentists, and the preservation of the dentist-patient relationship: and

WHEREAS, the Project, in order to receive financial participation from the Federal Government, requires that dental care must be provided in a manner to assure prudent administration and high quality care: and

WHEREAS, Delta desires to contract with the Project and provide for dental care and services which will qualify under the obligations of the Project, and the Project desires to contract with Delta for such services.

NOW THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Delta and the Project agree as follows:

1. The Project represents and warrants to and agrees with Delta as follows:

(a) To compile and furnish to Delta monthly, beginning as of July 1, 1971, a list of all persons with identification numbers and birth dates entitled to receive dental benefits under Butte Delta Project Number 11-P-57109/8-01, such list to be delivered within seven (7) days from the first day of each month during the term of this Agreement, and during each such month to advise Delta in writing within seven (7) days after a person becomes newly eligible for Maintenance Benefits or ceases to be eligible for Butte Delta Project Number 11-P-57109/8-01.

(b) To pay Delta an amount in cash equal to the rates for the applicable age group that the eligible person is entitled to as provided for in Appendix "A" which is attached hereto and made a part hereof, for each person eligible to receive dental benefits hereunder.

(c) That eligibility for benefits would begin upon receipt of payment for each eligible person, and would terminate September 30, 1971, or when declared ineligible by the Project.

(d) That Delta shall retain 12% (twelve percent) of the total sums paid to it by the Project to compensate it for its administration of the program.

(e) THAT NOTWITHSTANDING ANYTHING TO THE CONTRARY HEREIN CONTAINED, AND BECAUSE OF THE SHORT DURATION AND EXPERIMENTAL NATURE OF THIS CONTRACT, DELTA WILL NOT AUTHORIZE TREATMENT PLANS OR PAY CLAIMS AFTER THE TOTAL AMOUNT PAID TO IT BY PROJECT HEREUNDER, LESS SAID 12% FOR DELTA'S COMPENSATION, HAS BEEN EXPENDED OR COMMITTED FOR MAINTENANCE BENEFITS HEREUNDER, IT BEING UNDERSTOOD THAT DELTA IS NOT ASSUMING THE RISK THAT THE SHORT TERM RATES HEREIN PROVIDED WILL PROVIDE IN FULL THE DENTAL SERVICES CONTEMPLATED.

(f) To provide information to all eligible persons as to the benefits which they are entitled to receive hereunder from a dentist of such person's choice as such choice may be exercised by him from time to time during the period of his continued eligibility.

(g) To require eligible persons and parents of eligible children to notify their dentists at the time of their first appointment that they are entitled to the Project's dental care benefits. Identification cards shall be issued by the Project to each eligible person at the time he becomes eligible.

(h) If dental services are rendered hereunder to an ineligible person whose name was incorrectly reported on the eligibility lists provided by the Project to Delta, payment for such services shall be the sole responsibility of the Project and Delta shall have no responsibility therefor to the Project, the dentist, or the person who received such services. To the extent Delta may have paid the dentist for such services, it shall immediately be reimbursed such money by the Project.

(i) That the fees for payment to dentists providing services hereunder shall be in accordance with said dentist's Usual, Customary, and Reasonable Fees, and shall not be reduced or discounted in any way by the Project without the express written consent of Delta.

2. Delta represents and warrants to and agrees with the Project as follows:

(a) To require each dentist prior to performing dental services for an eligible person to submit to Delta a treatment plan, using the Delta claim form, substantiated by diagnostic X-Rays showing the person's dental needs and the treatment necessary therefor in the professional judgement of the dentist: provided however, that the fee for examination, diagnosis, treatment plan, diagnostic X-Rays and care for emergency situations may be submitted if the amount for these services does not exceed the fee of Ten Dollars ($10.00). Where this procedure is not followed, the attending dentist will be responsible for unauthorized services rendered, and payment for any amount in excess of Ten Dollars ($10.00) may be denied in the sole discretion of Delta. The treatment form (plan) is attached to and made a part of this Agreement as Appendix "C".

(b) Subject to the provisions of Paragraph 1 (e) above, to authorize the services provided by the Agreement to the eligible person when satisfied from a review of the treatment plan and other data submitted by the dentist that the services proposed are included in the category of services that the eligible person is covered for in this Agreement as set forth in Appendix "A". And that payments to dentists providing services hereunder shall be in accordance with said dentist's Usual, Customary, and Reasonable Fees as certified to by such dentists on file with Delta for each dentist, subject, however, to Delta's withholding a specified percentage amount from payments to dentists for the purpose of establishing and maintaining a contingency reserve.

(c) To pay, on receipt of the claim form, to participating dentists, that part of the allowable charges for services performed based on the benefits to which the eligible person is entitled under this Agreement with the Project.

(d) To pay, on receipt of the claim form in all cases not covered by (c) above to a non-participating dentist, that part of the allowable charges for services performed by a non-participating dentist to which the eligible person is entitled under this Agreement with the Project.

(e) To make no payment for any services rendered to a person who is not eligible for dental care hereunder at the time of rendition of the service to such person, except to the extent of services rendered for the completion of operative procedures actually in progress at a time the person was eligible for treatment.

(f) To furnish the Project an accounting showing the full amount of all dentists' statements paid or otherwise discharged together with such other information as may be necessary to enable the Project to file reports required under Butte Delta Project Number 11-P-57109/8-01.

(g) That the records of Delta with respect to the Project may be examined by duly authorized representatives of the Project and the State or Federal Government at any time during regular business hours, and Delta shall maintain such records and accounts in such a manner as to facilitate the proper examination thereof by the Project, State, or Federal Government, and such records shall be retained for ten (10) years after the expiration of this Agreement unless permission to destroy them is granted by both Project, State and Federal Government.

(h) That no discrimination shall be practiced or asserted against any person eligible for benefits under Butte Delta Project Number 11-P-57109/8-01 on the basis of race, color, or national origin: and the furnishing of treatment, care or services under this program shall not be delayed or denied to any eligible person by Dentist on the basis of race, color, or national origin.

(i) That payments to dentists as set forth in paragraphs (c) and (d) above shall be subject to the "Agreement Between Dentists and Delta Dental Plan", copy of which is attached hereto as Appendix "D".

(j) That Delta will provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

(k) That Delta shall establish and administer the following utilization review and control procedures:

1. Any service rendered or proposed to be rendered, which is in any way unusual or different, will be referred to a Professional Dental Review Committee. Such committee will consist of practicing dentists throughout the State of Montana and will be approved by the Delta Executive Committee or Delta Board of Directors. The Professional Dental Review Committee, in the performance of its responsibility, will review all pertinent details of the case, contact the attending dentists when necessary, or examine the patient when the conditions of the case so warrant. The recommendations of the Professional Dental Review Committee may be referred to the Delta Executive Committee for appropriate action. When further need for corrective action is indicated, the Professional Review Committee will handle the matter in accordance with one or more of the following steps:

(a) consultation with attending dentist.
(b) refer to Delta President with recommendations as to disposition where legal or ethical factors are not involved.
(c) refer to Ethics and Grievance Committee of the local District Dental Society, after prior consultation with Delta President, where violations of the canons of ethics of the dental profession are evidenced.
(d) refer to Delta Board of Directors, after prior consultation with Delta President, where the need for legal proceedings is indicated.

2. Random dental examinations will be performed by one or more members of the Professional Dental Review Committee or upon request of Delta, by one or more members of a committee of local dentists appointed by Delta on approximately one percent of all patients treated under Butte Delta Project Number 11-P-57109/8-01. Such examinations will be directed toward determining if:

(a) dental care was completed as reported.
(b) dental care was performed in accordance with established Professional standards.
(c) dental procedures will be or were performed only where dental pathology exists or existed.

3. The Professional Dental Review Committee, and any committee of local dentists, will report to the Delta President on a monthly basis, any deviations from the established utilization norms according to geographical region, dental specialty or individual practitioner, together with recommendations for corrective action.

4. Dentists shall be obligated to schedule and render all dental treatments for eligible persons in accordance with the applicable standards of the dental profession in their community (and to charge no more than the usual, customary, and reasonable fee therefor.) Delta is authorized to exclude from participating in the services provided by this Agreement any dentist who persistently fails to comply with the obligations of participating dentists hereunder. Delta shall promptly notify the Project of any action taken pursuant to this paragraph.

3. This contract between the Project and Delta Dental Plan of Montana provides benefits for dental services for eligible persons to the extent provided herein and in the attached Appendix "A", which is a part of this contract.

PART I. EFFECTIVE DATE AND CONTRACT TERM

1. The term of this Agreement shall be July 1, 1971 through September 30, 1971.

2. Any notice which is required or permitted to be given under the terms of this Agreement may be given by registered or certified mail addressed to the parties at the addresses which are indicated below and shall be deemed to have been given 48 hours after deposit in the mail with postage fully prepaid at any post office located in the continental United States. The addresses of the parties are as follows subject to change by written request:

(a)

(b) Delta Dental Plan of Montana
P.O. Box 362
Helena, Montana 59601

PART II. DEFINITIONS

1. "Dentist" means a doctor of dentistry duly licensed and registered to practice his profession in the State of Montana, except that a dentist providing services out-of-state for emergency, as authorized herein, shall be a duly licensed doctor of dentistry in such other state or country.

2. "Participating Dentist" means a dentist (as defined in 1 above) who has signed a Member and Participating Dentist's Agreement and filed same with Delta, provided such agreement has not been withdrawn or terminated, and is in effect at the time a provision of this contract becomes applicable with respect to his status as a participating dentist.

3. "Treatment Plan" means the program of dental care and treatment performed or to be performed, planned in written outline by a dentist, after examination of a covered person and submitted on such forms as may be required by Delta.

4. "Claim Form" shall be the form required and supplied by Delta to substantiate any claims.

5. "Usual" fees are those fees usually charged for a given service by an indivisual dentist to all his patients - i.e., his own usual fee.

6. A fee is "Customary" when it is within the range of usual fees charged by dentists of similar training and experience for the same service within that same specific and limited geographic area, up to such limits as may be determined by Delta.

7. A fee is "Reasonable" when it meets with the above two criteria (5 and 6) and is justifiable considering the circumstances of the particular case in question.

8. "Allowable Charges" will be: (1) the usual, customary and reasonable fees of participating dentists, as prescribed pursuant to the participation agreement of such dentist, or (2) as to other dentists, their usual fee or the appropriate allowances for the procedure performed set forth in the Table of Allowances for Non-Participating dentists attached hereto and made a part of this contract as Appendix "B", whichever is the lesser.

9. "Table of Allowances" is the table of fixed dollar maximums established by Delta for services rendered by other than a participating dentist as attached hereto and made a part of this contract as Appendix "B".

10. "Single Procedure" means a dental procedure listed on the Delta Table of Allowances (attached hereto as Appendix "B") to which a separate procedure number is assigned, e.g. a three-surfact amalgam restoration of a single permanent tooth (procedure 613) or a complete maxillary denture, including adjustments for a six-month period following installation (procedure 700).

11. "Maintenance Benefits" shall be those services as defined in Appendix "A" which an eligible person is entitled to receive.

DATED: July 22, 1971

SUBSCRIBER

Jack L. Carlson

Director of Medical Assistance

DATED: July 22, 1971

DELTA DENTAL PLAN OF MONTANA

By [signature]
President

By [signature]
Assistant Secretary

APPENDIX C-5

THIRD PROGRAM YEAR CONTRACT
BETWEEN DELTA AND MONTANA SRS

THIS AGREEMENT, Dated the 1st day of October, 1972 between the Montana Department of Social and Rehabilitation Services, hereinafter called "The Project", and Delta Dental Plan of Montana, a Montana non-profit corporation, herein called "Delta".

W I T N E S S E T H :

WHEREAS, Delta is a non-profit corporation composed of members duly licensed by the State of Montana to practice dentistry in the State of Montana, and it is the purpose of Delta to provide dental care under plans with responsible groups, agencies and trusts, and to maintain the prime requisites of an independent and responsible profession, i. e., fees for services, free choice of dentists, and the preservation of the dentist-patient relationship; and

WHEREAS, the Project, in order to receive financial participation from the Federal Government requires that dental care must be provided in a manner to assure prudent administration and high quality care; and

WHEREAS, Delta desires to contract with the Project and provide for dental care and services which will qualify under the obligations of the Project, and the Project desires to contract with Delta for such services.

NOW THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Delta and the Project agree as follows:

1. The Project represents and warrants to and agrees with Delta as follows:

(a) To compile and furnish to Delta upon request, beginning October 1, 1972, a list of all persons with identification numbers and birth dates entitled to receive dental benefits under Butte Delta Project Number 11-P-57109/8-01, such list to be delivered within seven (7) days from the first day of each month requested during the term of this Agreement, and during each such month to advise Delta in writing within seven (7) days after a person becomes newly eligible for either Initial Benefits or Maintenance Benefits or ceases to be eligible for Butte Delta Project Number 11-P-57109/8-01. Such monthly list and other notifications shall be divided into separate groups of those eligible for: (1) Initial Benefits and (2) Maintenance Benefits. Names in the groups for Initial Benefits and Maintenance Benefits shall be subdivided further into separate groups of those (1) Age 19 and Under, and (2) Age 20 and Over.

(b) To pay Delta annually commencing October 1, 1972, and on each succeeding anniversary date, an amount in cash equal to the applicable rates for the category of benefits and the applicable age group that the eligible persons is entitled to as provided for in Appendix "A" which is attached hereto and made a part hereof, for each person eligible to receive dental benefits hereunder.

(c) To pay Delta monthly commencing one month after October 1, 1972, during the term of this Agreement, but only once in an anniversary year for any one category of eligibility, an amount in cash equal to the applicable rates for the category of benefits and the applicable age group that the eligible person is entitled to as provided for in Appendix "A" for: (1) each person that becomes newly eligible to receive Initial Benefits subsequent to the beginning of the term of this Agreement, and, for: (2) each person that becomes newly eligible for Maintenance Benefits subsequent to the beginning of the terms of this Agreement. The conditions of this paragraph shall not be construed as duplication of payment for any category or eligibility as provided for in paragraph (b) above.

(d) That eligibility for benefits would begin upon receipt by The Project of Delta's acknowledgement and acceptance of each monthly eligibility list as described in Paragraph 1 (a), supra, and shall be contingent upon the receipt by Delta of the applicable premium for the newly eligible person on or before the last day of the month in which Delta makes such acknowledgement and acceptance. Eligibility would terminate: (1) Upon acceptance by The Project of the eligible person into a new category of eligibility; (2) when declared ineligible by The Project; (3) at the nearest subsequent anniversary date of this Agreement; (4) upon nonpayment by the Project of the applicable premium within the time specified herein. In the event that an eligible person shall become eligible for Maintenance Benefits before the Anniversary date has been reached, the Project agrees that payment for such Maintenance Benefits at the rates set forth in Appendix "A", represent an appropriate rate that is over and above, and in addition to any amounts paid by the Project to Delta in the same anniversary year for benefits under the Initial Benefits Category. Eligibility for emergency services may be declared by Delta in its sole discretion upon the recommendation of the Project's eligibility terms provided the Project has certified that the person in question is qualified for eligibility. Delta shall determine what constitutes a dental emergency requiring such emergency services.

(e) That Delta shall retain as and for its compensation for administration of the program, a percentage of the total sums paid to it by the Project with respect to each of the four eligibility categories described in paragraph 1(a) above, which percentage shall depend on the incurred loss ratio with respect to each category, and shall be as set forth in the following table:

Insurred Loss Ratio	Percentage of Income Retained
75% and Over	12%
60% to 74%	11%
59% or Less	10%

The foregoing percentages shall be applied to the gross amount paid by the Project with respect to each category irrespective of whether any amounts are returned to the Project pursuant to the provisions of Paragraph 2(j).

(f) In addition, if Delta shall at any time during the terms of this Agreement become obligated to pay any insurance or related taxes imposed by any Federal, State, or Local Government upon the income of subscriptions of Delta under this Agreement, including, but not limited to taxes imposed pursuant to Section 40-2821, ROM, 1947, at the time such tax is paid, the Project may pay Delta an amount sufficient to reimburse Delta for the taxes paid by it.

(g) To provide information to all eligible persons as to the benefits which they are entitled to receive hereunder from a dentist of such person's choice as such choice may be exercised by him from time to time during the period of his continued eligibility.

(h) To require eligible persons and parents of eligible children to notify their dentist at the time of their first appointment that they are entitled to the Project's dental care benefits. Identification cards shall be issued by the Project to each eligible person at the time he becomes eligible.

(i) If dental services are rendered hereunder to an ineligible person whose name was incorrectly reported on the eligibility list provided by the Project to Delta, payment for such services shall be the sole responsibility of the Project and Delta shall have no responsibility therefor to the Project, the dentist, or the person who reeeived such services. To the extent Delta may have paid the dentist for such services, it shall immediately be reimbursed such money by the Project.

(j) That the fees for payment to dentists providing services hereunder shall be in accordance with said dentist's Usual, Customary, and Reasonable Fees, and shall not be reduced or discounted in any way by the Project without the express written consent of Delta.

(k) To maintain data to individually record: (1) the number of months each person was eligible for benefits of the program under the original eligibility rules as determined by the Project. (e.g. previous to the continuous eligibility concept, excess income or eligibility for Title 19 dental care benefits terminated eligibility.) (2) the number of months each eligible person was eligible under the present eligibility rules. The aforementioned names of eligible persons will be listed individually in quarterly reports and will be divided into Initial and Maintenance groups, which in turn, will be further subdivided into Age 20 and Over, and Age 19 and Under groups. Reports will be due within two weeks after the completion of the second, third, and fourth quarters of this contract term.

2. Delta represents and warrants to and agrees with the Project as follows:

(a) To require each dentist prior to performing dental services for an eligible person to submit to Delta a treatment plan, using the Delta claim form, substantiated by diagnostic x-rays showing the person's dental needs and the treatment necessary therefor in the

professional judgment of the dentist; provided however, that the fee for examination, diagnosis, treatment plan, diagnostic x-rays and care for emergency situations may be submitted if the amount for these services does not exceed the fee of Twenty-five Dollars ($25.00). Where this procedure is not followed, the attending dentist will be responsible for unauthorized services rendered, and payment for any amount in excess of Twenty-five Dollars ($25.00) may be denied in the sole discretion of Delta. The treatment form (plan) is attached to and made a part of this Agreement as Appendix "C".

(b) To authorize the services provided by the Agreement to the eligible person when satisfied from a review of the treatment plan and other data submitted by the dentist that the services proposed are included in the category of services that the eligible person is covered for in this Agreement as set forth in Appendix "A". And that payments to dentists providing services hereunder shall be in accordance with said dentist's usual, customary and reasonable fees as certified to by such dentists on file with Delta for each dentist, subject, however, to Delta's withholding a specified percentage amount from payments to dentists for the purpose of establishing and maintaining a contingency reserve.

(c) To pay, on receipt of the claim form, to participating dentists, that part of the allowable charges for services performed based on the benefits to which the eligible person is entitled under this Agreement with the Project.

(d) To pay, on receipt of the claim form in all cases not covered by (c) above to a non-participating dentist, that part of the allowable charges for services performed by a non-participating dentist to which the eligible person is entitled under this Agreement with the Project.

(e) To make no payment for any services rendered to a person who is not eligible for dental care hereunder at the time of rendition of the service to such person, except to the extent of services rendered for the completion of operative procedures actually in progress at a time the person was eligible for treatment.

(f) To furnish the Project quarterly accountings showing the full amount of all dentists' statements paid or otherwise discharged togehter with such other information as may be necessary to enable the Project to file reports required under Butte Delta Project Number 11-P-57109/8-01.

(g) To furnish the Project monthly, paid claims information regarding dental treatments rendered, their respective fees and code numbers, along with necessary identification data in keypunch card form. Said cards will fulfill Delta's responsibility for delivery of this information in this respect. Further charges for refinement of keypunch cards information for any other purpose shall not be the responsibility of Delta.

(h) To furnish the Project monthly at least seven (7) days before the end of each month, a list of eligible persons who have had their Initial Benefits completed and are entitled to Maintenance Benefits.

(i) That the records of Delta with respect to the Project may be examined by duly authorized representatives of the Project and the State or Federal Government at any time during regular business hours, and delta shall maintain such records and accounts in such a manner as to facilitate the proper examination thereof by the Project, State, or Federal Government, and such records shall be retained for ten (10) years after the expiration of this Agreement unless permission to destroy them is granted by both Project, State, and Federal Government.

(j) (1) To keep separate account of monies received by Delta from the Project for each category of Initial Benefits and each category of Maintenance Benefits;

(2) To return to the Project prior to September 30, 1973, the remaining monies, if any, paid by the Project to Delta for both categories of Initial Benefits after payment of claims for dental services rendered with respect to both categories of Initial Benefits and the retention by Delta of the Percentages specified in Paragraph 1(e) to compensate Delta for its administration of the Initial Benefits categories, less a reasonable reserve for authorized but unpaid and unreported claims. For purposes of computing this amount, (a) the two categories of Initial Benefits shall be combined and treated as a single entity so that an unfavorable actuarial premium experience in one of such categories may be offset by a favorable experience in the other of such categories, and (b) the amounts, if any, withheld from dentists by Delta for its reserves, research, or other purposes deemed proper by its Board of Directors shall be deemed to have been paid by Delta in discharge of the claims of such dentists;

(3) To return to the Project within four (4) months after the expiration of this Agreement the balance of the monies remaining, if any, after payment or other discharge of claims for dental services rendered with respect to all categories of benefits hereunder, including the reserves retained under the preceding paragraph, and the retention by Delta of the percentages specified in Paragraph 1(e) to compensate Delta for its administration. For purposes of computing this amount, (a) all categories of benefits, Initial and Maintenance, shall be combined and treated as a single entity, so that an unfavorable experience in one or more other categories, and (b) the amounts, if any, withheld from dentists by Delta for its reserves, research, or other purposes deemed proper by the Board of Directors of Delta shall be deemed to have been paid by Delta in discharge of the claims of such dentists;

(4) Delta will be liable to the Montana Department of Social and Rehabilitation Services for any loss or damage which the Montana Department of Social and Rehabilitation Services may suffer or incur by reason of errors of omissions by Delta in

the course of discharging its obligations under this contract. Likewise, the Montana Department of Social and Rehabilitation Services shall be liable, for any loss or damage which Delta may suffer or incur by reason of errors or omissions by the Department, in accordance with State laws covering the liability of a branch of the State Government.

(k) That no discrimination shall be practiced or asserted against any person eligible for benefits under Butte Delta Project Number 11-P-57109/8-01 on the basis of race, color, or national origin; and the furnishing of treatment, care or services under this program shall not be delayed or denied to any eligible person by a Dentist on the basis of race, color, or national origin.

(l) That payments to dentists as set forth in paragraph (c) and (d) above shall be subject to the "Agreement Between Dentists and Delta Dental Plan," copy of which is attached hereto as Appendix "D".

(m) That Delta will provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

(n) That Delta shall establish and administer the following utilization review and control procedures:

1. Any service rendered or proposed to be rendered, which is in any way unusual or different, will be referred to a Professional Dental Review Committee. Such committee will consist of practicing dentists throughout the State of Montana and will be approved by the Delta Executive Committee or Delta Board of Directors. The Professional Dental Review Committee, in the performance of its responsibility, will review all pertinent details of the case, contact the attending dentists when necessary, or examine the patient when the conditions of the case so warrant. The recommendations of the Professional Dental Review Committee may be referred to the Delta Executive Committee for appropriate action. When further need for corrective action is indicated, the Professional Review Committee will handle the matter in accordance with one or more of the following steps:

a. consultation with attending dentist.
b. refer to Delta President with recommendations as to disposition where legal or ethical factors are not involved.
c. refer to Ethics and Grievance Committee of the Local District Dental Society, after prior consultation with Delta President, where violations of the canons of ethics of the dental profession are evidenced.
d. refer to Delta Board of Directors, after prior consultation with Delta President, where the need for legal proceedings is indicated.

2. Random dental examinations will be performed by one or more members of the Professional Dental Review Committee or upon request of Delta, by one or more members of a committee of local dentists appointed by Delta on approximately one percent of all patients treated

under Butte Delta Project number 11-P-57109/8-01. Such examinations will be directed toward determining if:

a. dental care was completed as reported.
b. dental care was performed in accordance with established Professional standards.
c. dental procedures will be or were performed only where dental pathology exists or existed.

3. The Professional Dental Review Committee, and any committee of local dentists, will report to the Delta President, on a monthly basis, any deviations from the established utilization norms according to geographical region, dental specialty or individual practitioner, together with recommendations for corrective action.

4. Dentists shall be obligated to schedule and render all dental treatments for eligible persons in accordance with the applicable standards of the dental profession in their community (and to charge no more than the usual, customary and reasonable fee therefor.) Delta is authorized to exclude from participating in the services provided by this Agreement any dentist who fails to comply with the obligations of participating dentists hereunder. Delta shall promptly notify the Project of any action taken pursuant to this paragraph.

3. This contract between the Project and Delta Dental Plan of Montana provides benefits for dental services for eligible persons to the extent provided herein and in Appendix "A".

PART I. EFFECTIVE DATE AND CONTRACT TERM

1. The term of this Agreement shall be October 1, 1972 through September 30, 1973. This Agreement may be terminated by at least sixty (60) days notice of the termination given by the party desiring to terminate to the other party. In the event that Delta shall desire to change the rates or other terms and conditions of this Agreement, advice of such proposed changes may be given with a notice of termination, and such notice of termination shall be effective only in the event that agreement is not reached as to such changes. In the event that this Agreement is terminated pursuant to this paragraph, Delta is hereby empowered to authorize treatment plans beyond such termination.

2. Any notice which is required or permitted to be given under the terms of this Agreement may be given by registered or certified mail addressed to the parties at the addresses which are indicated below and shall be deemed to have been given 48 hours after deposit in the mail with postage fully prepaid at any post office located in the continental United States. The addresses of the parties are as follows subject to change by written request:

(a) Department of Social and Rehabilitation Services
State of Montana
P. O. Box 1723
Helena, Montana 59601

(b) Delta Dental Plan of Montana
136 East Sixth Avenue
Helena, Montana 59601

PART II. DEFINITIONS

1. "Dentist" means a doctor of dentistry duly licensed and registered to practice his profession in the State of Montana, except that a dentist providing services out-of-state for emergency, as authorized herein, shall be duly licensed doctor of dentistry in such other state or country.

2. "Participating Dentist" means a dentist (as defined in 1 above) who has signed a Member and Participating Dentist's Agreement and filed the same with Delta, provided such agreement has not been withdrawn or terminated, and is in effect at the time a provision of this contract becomes applicable with respect to his status as a participating dentist.

3. "Treatment Plan" means the program of dental care and treatment performed or to be performed, planned in written outline by a dentist, after examination of a covered person and submitted on such forms as may be required by Delta.

4. "Claim Form" shall be the form required and supplied by Delta to substantiate any claims.

5. "Usual" fees are those fees usually charged for a given service by an individual dentist to all his patients, i.e., his own usual fee.

6. A fee is "Customary" when it is within the range of usual fees charged by dentists of similar training and experience for the same service within that same specific and limited geographic area, up to such limits as may be determined by Delta.

7. A fee is "Reasonable" when it meets with the above two criteria (5 and 6) and is justifiable considering the circumstances of the particular case in question.

8. "Allowable Charges" will be: (1) the usual, customary and reasonable fees of participating dentists, as prescribed pursuant to the participation agreement of such dentists, or (2) as to other dentists, their usual fee or the appropriate allowances for the procedure performed set forth in the Table of Allowances for Non-Participating dentists attached hereto and made a part of this contract as Appendix "B", whichever is the lesser.

9. "Table of Allowances" is the table of fixed dollar maximums established by Delta for services rendered by other than a participating dentist as attached hereto and made a part of this contract as Appendix "B".

10. "Single Procedure" means a dental procedure listed on the Delta Table of Allowances (attached hereto as Appendix "B") to which a separate procedure number is assigned, e.g., a three surface amalgam restoration of a single permanent tooth (procedure 613) or a complete maxillary denture, including adjustments for a six-month period following installation (procedure 700).

11. "Initial Benefits" shall be those benefits that an eligible person is initially entitled to upon being accepted into the Butte Delta Project Number 11-P-57109/8-01 as set forth in Appendix "A" and shall be limited to those services necessary as diagnosed by the treating dentist on the treatment claim form and so authorized by Delta. When the necessary services have been completed, with respect to an eligible person, Delta will so notify the Project, and his eligibility for any benefits hereunder will terminate thirty (30) days after the giving of such notice, unless the eligible person is enrolled by the Project in the Maintenance Benefits program within such period.

12. "Maintenance Benefits" shall be those benefits that an eligible person is entitled to upon being accepted into the Maintenance portion of Butte Delta Project Number 11-P-57109/8-01 as set forth in Appendix "A" and shall be limited to those services necessary as diagnosed by the treating dentist on the claim form and so authorized by Delta.

13. "Paid Claims" are the total dollar amount of claims paid or otherwise discharged by Delta.

14. "Authorized but Unpaid Claims" are the treatment plans which have been approved by Delta for services, whether those services have been rendered or not.

15. "Unreported Claims" shall include both the actuarial estimate of dental services rendered, where the claim has not been received or processed by Delta, and the actuarial estimate of dental services which will be rendered within the Agreement period.

16. "Incurred Claims" are the total of claims paid, authorized but unpaid, and unreported claims for the Agreement period.

17. "Income" is the total dollar amount of premium earned.

18. "Incurred Loss Ratio" is a percentage determined by dividing the total incurred claims by income.

19. "Unfavorable (Actuarial) Premium Experience" shall be considered to have occurred when total income for either the initial or maintenance benefits category is insufficient for Delta to cover incurred claims plus their administrative percentage. Any incurred loss ratio above 88% is "unfavorable (Actuarial) Premium Experience."

A. Neither the Project, nor Delta, nor members of the committee referred to in paragraph 2(m) above shall be liable for any act or omission by a dentist, his employees or agents, or any person performing dental

or other professional services under this Agreement. However, Delta agrees that it will be liable to the Project for any damages which the Project may suffer or incur by reason of errors or omissions of Delta in the administration of this Agreement.

B. All dentists and all eligible persons by performing or receiving services under this Agreement will agree to become bound by all of its terms.

C. Any controversy or claim arising out of or relating to this Agreement or the breach thereof, by or between either or both of the parties, dentists or eligible persons, or any of them, may be settled by arbitration. An arbitration Board composed of three persons may be selected to hear and rule upon such a claim or controversy. One such arbitrator shall be a dental licentiate in accordance with the laws of the State of Montana. The second arbitrator shall be selected by the Project. The two arbitrators shall select a third arbitrator. The award by the Arbitration Board will be binding upon the parties and may be entered in any court having jurisdiction thereof. The reasonable cost of such arbitration shall be borne equally by Delta and the Project.

D. In the event that the regular or any other payment due to Delta pursuant to paragraph 1(b), 1(c) and 1(d) of this Agreement is delinquent for more than thirty (30) days, Delta may, at its option, terminate all further benefits and be released from all further obligations hereunder; provided, however, that Delta may make payment to dentists for dental services authorized by Delta prior to termination and for dental services which do not require prior authorization which are performed by the dentist prior to receipt by him of notice of such termination of benefits. In the event of termination as provided in this paragraph, the Project shall remain liable to delta for the full amount of any unpaid premiums up to the date of termination of this Agreement.

E. The parties hereto understand and agree that the Project is responsible for the administration of the Project program in the State of Montana, and cannot under Federal law delegate this responsibility to any other person or organization. The parties hereto further agree that this Agreement does not constitute a delegation by the Project of its responsibility, but it is entered into for the purpose of assisting and enabling the Project to meet and carry out such responsibility. The Project and Delta will at all times perform under this Agreement in such a manner as to insure that the Project program will be administered in accordance with the applicable regulations adopted under the Project.

F. The Parties agree to consult to the extent reasonably practical with respect to all material published or distributed concerning this Agreement.

G. The Parties agree to permit and encourage the professional relationship between dentist and patient to be maintained without interference.

H. If any provision of this Agreement or any amendment thereof should be determined by any arbitrator, court or other competent authority to be illegal, void, or unenforceable, such determination shall not abrogate this Agreement or any provision thereof other than such provision determined to be illegal, void, or unenforceable, and all other provisions of this Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives as of the day and year first set forth hereinabove.

DATED: 10/13/72

SUBSCRIBER

/s/ Theodore Carkulis
Director, Department of
Social & Rehabilitation
Services

/s/ Jack R. Carlson
Administrator, Division of
Economic Assistance

DATED: 10/13/72

DELTA DENTAL PLAN OF MONTANA

/s/ _____
President

/s/ _____
Secretary

APPENDIX "A"

SCHEDULE OF BENEFITS

Initial Benefits

The dental benefits under this contract are those Coverages listed below (A, B, C, D, and E). Any coverage not included in said benefits is excluded. All dental care rendered to a covered person or dependent in this contract, shall be in accordance with accepted standards of dental practice prevailing in the community in which such service is rendered in order to be entitled to the benefits hereunder.

COVERAGE A: (Regular Preventive Services)

(a) Examination fee allowable annually.

(b) X-rays for any emergency and bitewing x-rays allowable at six (6) month intervals.

(c) Full Mouth x-rays once in any three (3) year interval, unless special need is shown.

(d) Dental prophylaxis as prescribed by the dentist, but not more than once every six (6) months.

(e) Topical Fluoride applications as prescribed by the dentist, but not more than once in any twelve (12) month interval.

COVERAGE B: (Regular Restorative)

(a) Emergency treatment for relief of pain.

(b) Regular restorative services: amalgam, stainless steel crowns, synthetic porcelain and plastic restorations.

(c) Oral surgery: provides for extractions and other oral surgery, including pre-and post-operative care.

COVERAGE C: (Special Restorative)

(a) Special restorative services: gold restorations when the teeth cannot be restored with another filling material; crowns and jackets when the teeth cannot be restored with a filling material.

(b) Non-surgical periodontics: procedures necessary for the treatment for the diseases of the gingiva (gums).

(c) Endodontics: includes pulpal therapy and root canal filling.

COVERAGE D: (periodontics)

(a) Surgical Periodontics: the surgical procedures necessary for the treatment of diseases of the gingiva (gums) and bone supporting the teeth.

COVERAGE E: (Prosthetic - Removable and Fixed)

A given prosthetic appliance will not be provided more often than once in any five (5) year period, and then only in the event that the existing appliance is not, and cannot be, made satisfactory. Said five (5) year period will be measured from the date on which the appliance was last supplied, whether under this contract or under any prior dental care contract between, or involving as signatories, any of the parties of this contract. Services which are necessary to make an appliance satisfactory will be provided if otherwise covered under this contract. The term "existing", as used in this paragraph, is intended to include an appliance that was placed at the inception of the aforesaid five (5) year period, but which, for whatever reason is no longer in the possession of the patient.

Complete Dentures:

(a) Dentures are allowed if an edentulous patient has never had full dentures and desires dentures, or if present dentures are not serviceable and cannot be made serviceable by repairing, relining, or rebasing. It is not the intention of this program that new dentures be made when an individual already has a satisfactory set.

(b) When the eligible person has been edentulous five (5) years or more, the case may be referred to the Local Review Committee which may in turn approve or deny construction of new dentures. The term "edentulous", as used in this paragraph, is intended to include situations in which the eligible person has been without the benefit of both upper and lower dentures, or only an upper or lower denture.

(c) Cases involving dentures less than ten (10) years of age may be referred to the local Review Committee.

(d) Relines on dentures not allowed sooner than three (3) year intervals.

(e) Relines allowed no more often than three (3) year intervals.

(f) Cold cure relines not allowed.

(g) Tissue conditioners are considered a part of the denture fee.

(h) Treatment dentures (temporary dentures, splints) not allowed.

AMOUNT OR RATE:

Age 19 and Under	Age 20 and Over
$235.00	$490.00

The full applicable premium for Initial Benefits shall be payable with respect to any eligible person who receives any benefits under such Initial Benefits program, even though the eligible person may not choose to complete the program. However, if an eligible person is terminated during the first ten (10) months of the contract from the Initial Benefits program before receiving any benefits thereunder (including unreported examinations), Delta will at the Project's request made prior to the first day of the eleventh month of the contract year, credit the premium for the Initial Benefits Program paid with respect to said terminated person to a newly certified person of the same age group designated in the Project's request.

Maintenance Benefits:

Will provide the same benefits as Initial Benefits including LIMITATIONS and EXCLUSIONS, but EXCLUDES in addition:

Coverage D; Periodontics (Surgical Only)

Coverage E: Prosthetics (Except Repair)*

*Repairs shall include repair of an existing broken prosthetic appliance, fixed or removable; or replacement of teeth lost or broken in an existing prosthetic appliance; or shall include addition of necessary clasps and teeth to an existing partial denture. Repairs shall not include: relining, rebasing, duplicating, or replacement of an existing prosthetic appliance. An existing prosthetic appliance shall include those appliances constructed as a benefit in any grant year of this program and also appliances constructed before the advent of this program.

AMOUNT OF RATE:

ELIGIBILITY ENTRANCE PERIOD	Age 19 and Under	Age 20 and Over
October 1, 1972 through December 31, 1972	$46.00	$35.00
January 1, 1973 through March 31, 1973	40.00	30.00
April 1, 1973 through June 30, 1973	35.00	25.00
July 1, 1973 through September 30, 1973	30.00	20.00

The Maintenance rates herein set forth are payable on an annual basis and/or cover the appropriate eligibility entrance period ending with the next anniversary date. Individuals covered hereby have a common anniversary date of September 30, 1973 regardless of when eligibility begins. e. g., An effective eligibility entrance date of December 1, 1972 for an eligible person age 19 and under would mean that benefits for the said eligible person would expire September 30, 1973. The above rates shall not be interpreted as individual quarterly rates. Termination of eligibility from the program of an eligible person shall not entitle the Project to a refund of premium monies except as described in Paragraph 2(j) (2) and (3).

In the event that an eligible person shall be terminated from the Maintenance category and said person has received no benefits (including unreported examination and work) under the current eligibility period, the premium for the succeeding Maintenance Eligibility Entrance Period may be credited to the Project, and a newly certified person of the same age group may receive these benefits upon satisfactory notification of this situation by the Project to Delta. e.g., An eligible person receiving no benefits under age 19 and under group is terminated on December 1, 1972. Procedure would be to credit premium for one eligible person age 19 and under for the Maintenance Eligibility period of January 1, 1973 through March 31, 1973.

In the event that an eligible person has been terminated from the Maintenance Benefits category and is recertified later in the contract year as an eligible person, the applicable premium shall be the same as the premium which would be applicable if the termination had not occurred. e.g., In the event a person over 20 years of age had initially been certified by the Project as eligible for the Maintenance Benefits program on November 1, 1972, was terminated by the Project on December 1, 1972, and subsequently recertified as eligible by the Project on May 1, 1973 his applicable premium on recertification would be Thirty-five dollars ($35.00).

LIMITATIONS

The benefits as outlined are subject to the following limitations:

COVERAGE A: (Regular Preventative Services)

No limitations.

COVERAGE B: (Regular Restorative)

Regular Restorative Services:

(a) Deciduous teeth must have a minimum of one year estimated remaining service to be approved for restoration.

(b) No crowns allowed for deciduous incisors.

Oral Surgery:

(a) No additional fee is allowed for alveolectomy performed as part of extraction procedure while preparing the mouth for prothesis.

(b) Extensive, elective oral surgery is subject to approval by Local Review Committee.

(c) Fee for extraction includes preliminary scaling procedure.

COVERAGE C: (Special Restorative)

Special Restorative Services:

(a) Gold inlays not allowed. Gold foils not allowed.

(b) Esthetic crowns (porcelain to metal; acrylic veneer; porcelain crowns and acrylic crowns), are limited to upper and lower eight anterior teeth.

(c) Esthetic crowns are allowed only on teeth not restorable in any other way, or as bridge abutments on the eight anterior teeth.

(d) Acrylic crowns - laboratory processed.

(e) Full or three-quarter gold crowns allowed only on teeth not restorable in any other way.

(f) Chrome crowns allowed only on teeth not restorable in any other way.

Non-Surgical Periodontics:

(a) Treatment plan may be referred to Local Review Committee for approval.

Endodontics:

(a) Limited to upper and lower six anterior permanent teeth unless preauthorized by Special Report.

(b) Pulpotomy procedure for permanent teeth allowable on six anterior teeth.

(c) Root canal therapy required for non-vital permanent abutment teeth with retainers other than chrome crowns.

COVERAGE D: (Periodontics)

Surgical Periodontics:

(a) Treatment plan must be referred to Local Review Committee for approval.

COVERAGE E: (Prosthetics - Removable and Fixed)

Partial Dentures:

(a) Allowed when one or more anterior t eth are to be included on the partial.

(b) May be allowed when space for four or more posterior teeth (exclusive of third molars) are missing.

(c) Tube teeth or all cast saddles are not allowed.

(d) May be disallowed where unerupted teeth are involved.

(e) May be disallowed in the presence of a high decay rate.

(f) May be disallowed as an economy measure when no anterior teeth are missing.

Fixed Bridges:

(a) Anterior Fixed Bridges allowed when only two or less anterior teeth are missing. Spans involving more than two missing teeth are subject to the approval of the Dental Director.

(b) May be disallowed when any abutment has involvement with an unerupted tooth.

(c) Posterior bridges may be disallowed as an economy measure.

COVERAGE F: (Orthodontics)

Not allowed.

GENERAL CONSIDERATIONS

(a) Any portion of a diagnosis considered a demonstrable deviation from established professional standards may be denied or have a substitute diagnosis offered in its place by Delta or the Local Review Committee.

(b) Extensive treatment plans are subject to approval by a Local Review Committee and more economical replacements and/or restorations may be substituted if deemed satisfactory in the judgment of either the Local Review Committee or Delta.

EXCLUSIONS

Coverage is NOT provided for:

(a) Services which a subscriber would be entitled to receive with nominal charge or without charge if this Agreement were not in force, under any municipal, county, state, federal or other government or governmental agency law or regulation, such as Workmen's Compensation, Veterans' Administration Program, or other similar legislation other than the dental care program under Title XIX of the Social Security Act.

(b) Services performed for purely cosmetic purposes, or to correct congenital conditions other than by orthodontic care.

(c) Charges for programs of treatment, including prosthetics, which were undertaken prior to the date the person became covered under this Agreement.

(d) Charges for general anesthesia, or the services of anesthetists or anesthesiologists, or prescription drugs.

(e) Charges for any services not specifically covered under this contract (including any hospital charges or prescription drug charges).

(f) Services performed other than by a licensed dentist, his employees, or agents.

(g) Services or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.

(h) Replacement of misplaced, lost or stolen dental prosthetic appliances, including dental prosthetic appliances which were constructed prior to the date the person became covered under this Agreement.

(i) Services or supplied for orthodontics, except space maintainers. This includes examinations for orthodontics, construction of Hawley and minor tooth guidance appliances; space maintainer fee may not apply to a minor tooth guidance appliance.

DELTA DENTAL PLAN of MONTANA

136 EAST 6th AVENUE, HELENA, MONTANA 59601 PHONE (406) 442-2004

November 16, 1973

DEMONSTRATION DELTA PROGRAM REVIEW ACTIVITIES
THREE YEAR PILOT PROJECT

PROFESSIONAL REVIEW OF TREATMENT PLANS AND TREATMENT

Professional review of all treatment plans along with selected and random examinations of accomplished treatment is an integral part of Delta Dental Plan of Montana service. This consists of In-House Review and Regional Consultant Review.

ELEMENTS OF IN HOUSE REVIEW

X-Ray Submission. All diagnostic x-rays taken were required to be submitted with the treatment form complying with DDPM'S policy for public funded programs. To be acceptable, all x-rays were necessarily of sufficient diagnostic quality to verify diagnosis.

In-House Consultants. All incoming treatment planning forms were professionally reviewed relative to proposed services, and to assure that the actual charges made by the member dentists did not exceed his pre-filed Usual, Customary and Reasonable fees. It was a requirement that diagnoses submitted be consistent with the benefits as permitted by the scope of services of the program and that they be consistent the eligible person's dental needs. DDPM feels that the principle of pre-determination of benefits(pre-authorization) is of real significance in improving the area of understanding between the patient, the dentist, and Delta Dental Plan of Montana. A limit of Twenty-Five Dollars was imposed as the maximum value of work that could be performed without pre-determination of fees.

REGIONAL CONSULTANT REVIEW

A committee of three dentists appointed by Delta serves as Regional Consultants in Butte for District Three of the Montana Dental Association. The consultants perform oral examinations on the eligible person in situations requested by Delta and for patients with complaints regarding the quality of their services received. Proper action is taken by the consultants to resolve these situations. Regional Consultant Review consists of Pre-Treatment Review and Post-Treatment Review

DELTA DENTAL PLAN of MONTANA

136 EAST 6th AVENUE, HELENA, MONTANA 59601 PHONE (406) 442-2004

REGIONAL CONSULTANT REVIEW (continued)

PRE-TREATMENT REVIEW. In situations that Delta wishes verification of a diagnosis or feels that there is a possibility of over-utilization of benefits, the Regional Consultants perform oral examinations to confirm the diagnosis. A total of forty eight pre-treatment examinations gave the following results:

25 examinations verified the diagnosis given.
21 examinations resulted in a reduced cost due to a reduction of approved benefits.
1 examination resulted in recommended procedures that increased the claim cost.
1 examination resulted in a situation in which certain services were denied thus reducing the claim cost, but in which other services were recommended which in turn increased claim cost.
13 examination appointments (not included in the aforementioned forty-eight) were broken by eligible persons.

POST-TREATMENT REVIEW

In-House consultants routinely checked results of x-rays submitted for Maintenance claims. These readings were checked against the services listed as completed for the Initial claim of the same person. This was to verify that the restorations appearing on the x-rays substantiated the claims payment. When such verification was not clear or adequate, the claim was sent to Regional Consultant Review. A majority of the claims were of this nature. Other claims were selected on a random basis. A total of forty-five post-treatment examinations gave the following results.

27 examinations verified that all services were completed as stated on the claim form.
18 examinations noted situations in which one or more procedures were not completed as stated.
In addition to the forty-five completed appointments, nine examination appointments were broken by eligible persons.

PEER REVIEW COMMITTEE OF THE THIRD DISTRICT DENTAL SOCIETY MONTANA DENTAL ASSOCIATION.

Cases that can not be resolved by the Regional Consultants involving the possibility of fraud or treatment of insufficient quality have been referred to the Peer Review Committee of the Butte Dental Society for further action.

SUMMARY: Pre-determination of benefits and Pre-treatment review offer assurance that benefits approved are in accordance with the patient's needs and are within the scope of services provided under the program. Post-treatment review provides assurance that the work purchased was performed as stated and is of sufficient quality.

APPENDIX D

D-1 Butte Dental Program/Medicaid Cost Comparison

D-2 Individual Utilization

D-3 Analysis By Dental Procedure

D-4 Utilization Pattern

APPENDIX D-1

BUTTE DENTAL PROGRAM/MEDICAID COST COMPARISON
PERIOD JAN/1971 THRU Dec/1973

PROCEDURE NO.	NAME	BUTTE DENTAL NUMBER OF SERVCS	BUTTE DENTAL TOTAL EXPENDITURE	BUTTE DENTAL AVERAGE EXPENDITURE	MEDICAID NUMBER OF SERVCS	MEDICAID TOTAL EXPENDITURE	MEDICAID AVERAGE EXPENDITURE
011	EXAMINATION, ORAL, AND DIAGNOSIS (VISUAL ONLY)	1,088	$ 6,493	$ 5.97	1,813	$ 9,362	$ 5.16
020	OFFICE VISIT FOR TREATMENT & DGS OF INJURIES TO TEETH	1	$ 6	$ 6.00	1	$ 8	$ 8.00
031	OFFICE CALL EMERGENCY TREAT PALLIATIVE (REGULAR OFFICE HR)	30	$ 181	$ 6.03	133	$ 731	$ 5.50
032	BEDSIDE CALL (RESIDENCE OR HOSPITAL)	0	$ 0	$ .00	4	$ 30	$ 7.50
041	PROPHYLAXIS - CHILDREN TO AGE 14	112	$ 831	$ 7.42	109	$ 771	$ 7.07
050	PROPHYLAXIS - TREATMENT (TO INCLUDE SCALING AND POLISHING)	229	$ 2,378	$ 10.38	366	$ 3,017	$ 8.25
042	TOPICAL APPLICATION OF STANNOUS FLUORIDE	528	$ 9,204	$ 17.43	637	$ 8,949	$ 14.05
122	PULP TEST OF DENTITION IN CONJUNCT WITH STAND OFFICE PROCE	1	$ 6	$ 6.00	1	$ 8	$ 8.00
	VISITS & EXAMINATIONS	1,989	$ 19,099	$ 9.60	3,064	$ 22,877	$ 7.47
110	SINGLE FILM INTRA-ORAL PERIAPICAL	283	$ 1,166	$ 4.12	673	$ 2,452	$ 3.64
111	ADDITNL FILM INTRAORAL PERIAP UP TO AND INC FIVE 5 FILMS E	604	$ 2,138	$ 3.54	1,964	$ 3,806	$ 1.94
112	COMPLETE SERIES INTRAORAL PERIAPICAL 14 FILMS	363	$ 7,190	$ 19.81	260	$ 5,009	$ 19.27
113	BITE WING X RAY SERIES	437	$ 3,291	$ 7.53	724	$ 4,411	$ 6.09
114	INTRA-ORAL OCCLUSAL VIEW MAXILLARY OR MANDIBULAR EACH	0	$ 0	$ .00	16	$ 80	$ 5.00
	ROENTGENOLOGY, PATHOLOGY	1,687	$ 13,785	$ 8.17	3,637	$ 15,759	$ 4.33
200	SING TOOTH WITH LOC ANESTHESIA FEE INC ROUT POSTOPERTIV VI	727	$ 6,090	$ 8.38	892	$ 5,831	$ 6.54
201	EA ADD TOOTH SAME SITTING FEE INC ROUTINE POSTOPERATIVE VI	803	$ 5,910	$ 7.36	1,400	$ 7,819	$ 5.59
202	SURGICAL REMOVAL OF ERUPTED TOOTH	1	$ 20	$ 20.00	17	$ 318	$ 18.71
	EXTRACTIONS	1,531	$ 12,020	$ 7.85	2,309	$ 13,968	$ 6.05
230	REMOVAL OF TOOTH, SOFT TISSUE IMPACTION	6	$ 140	$ 23.33	19	$ 323	$ 17.00
231	REMOVAL OF TOOTH, PARTIAL BONY IMPACTION	13	$ 521	$ 40.08	15	$ 355	$ 23.67
232	REMOVAL OF TOOTH, COMPLETE BONY IMPACTION	9	$ 606	$ 67.33	10	$ 450	$ 45.00
233	ROOT RECOVERY (SURGICAL REMOVAL OF RESIDUAL ROOT)	14	$ 275	$ 19.64	9	$ 166	$ 18.44
	IMPACTED TEETH	42	$ 1,542	$ 36.71	53	$ 1,294	$ 24.42
250	ALVEOLECTOMY (ODONTOLOGY), PER QUADRANT	3	$ 65	$ 21.67	0	$ 0	$ .00
252	ALVEOLECTOMY (SIMULTANEOUS WITH EXTRACTIONS), PER QUADRANT	14	$ 270	$ 19.29	12	$ 160	$ 13.33
253	REMOVAL OF MANDIBULAR TORI, PER QUADRANT	0	$ 0	$ .00	2	$ 30	$ 15.00
254	EXCISION OF HYPERPLASTIC TISSUE, PER QUADRANT	3	$ 115	$ 38.33	10	$ 200	$ 20.00
	ALVEOLAR, GINGIVAL RECON	20	$ 450	$ 22.50	24	$ 390	$ 16.25
260	INTRA-ORAL INCISION AND DRAINAGE OF ABSCESS	2	$ 13	$ 6.50	3	$ 18	$ 6.00
270	RESECTION OF BENIGN TUMOR OF SOFT TISSUE 2.5 CM. OR LARGER	1	$ 35	$ 35.00	3	$ 55	$ 18.33
276	REMOVAL OF FOREIGN BODY FROM BONE (INDEPENDENT PROCEDURE)	1	$ 32	$ 32.50	0	$ 0	$ .00
	CYSTS AND NEOPLASMS	4	$ 80	$ 20.13	6	$ 73	$ 12.17
290	INCISION AND REMOVAL OF FOREIGN BODY FROM SOFT TISSUE	0	$ 0	$ .00	1	$ 15	$ 15.00
291	FRENECTOMY	1	$ 34	$ 34.00	2	$ 30	$ 15.00
	MISCELLANEOUS	1	$ 34	$ 34.00	3	$ 45	$ 15.00

BUTTE DENTAL PROGRAM/MEDICAID COST COMPARISON
PERIOD JAN/1971 THRU Dec /1973

PROCEDURE NO.	NAME	BUTTE DENTAL NUMBER OF SERVCS	BUTTE DENTAL TOTAL EXPENDITURE	BUTTE DENTAL AVERAGE EXPENDITURE	MEDICAID NUMBER OF SERVCS	MEDICAID TOTAL EXPENDITURE	MEDICAID AVERAGE EXPENDITURE
453	CORRECTION OF OCCLUSION, PER TOOTH	1	$ 5	$ 5.00	14	$ 60	$ 4.29
477	GINGIVECTOMY, PER QUADRANT (INCLUDING POSTSURGICAL VISITS)	4	$ 240	$ 60.00	0	$ 0	$ .00
	PERIODONTIA	18	$ 471	$ 26.17	17	$ 83	$ 4.88
500	PULP CAPPING, EXPOSURE	18	$ 124	$ 6.89	0	$ 0	$ .00
501	THERAPEUTIC PULPOTOMY (IN ADDITION TO RESTORATN PER TREATMT	11	$ 144	$ 13.09	44	$ 503	$ 11.43
502	VITAL PULPOTOMY	7	$ 101	$ 14.43	5	$ 53	$ 10.60
	ENDODONTIA	36	$ 369	$ 10.25	49	$ 556	$ 11.35
511	SINGLE ROOTED CANAL THERAPY (INCLUDES X-RAYS)	27	$ 1,761	$ 65.22	15	$ 870	$ 58.00
512	BI-ROOTED TOOTH CANAL THERAPY (INCLUDES X-RAYS)	1	$ 14	$ 14.00	0	$ 0	$ .00
513	TRI-ROOTED TOOTH CANAL THERAPY (INCLUDES X-RAYS)	2	$ 260	$130.00	0	$ 0	$ .00
540	IN-A STERLZTN TECH W APICOECTMY INC ROOT CANAL FILLING A XR	1	$ 100	$100.00	3	$ 225	$ 75.00
531	APICOECTOMY (SEPARATE PROCEDURE)	0	$ 0	$ .00	2	$ 50	$ 25.00
	ROOT CANALS	31	$ 2,135	$ 68.87	20	$ 1,145	$ 57.25
600	CAVITY INVOLVING ONE SURFACE - PRIMARY TEETH	259	$ 1,776	$ 6.86	299	$ 1,694	$ 5.67
601	CAVITY INVOLVING TWO SURFACE - PRIMARY TEETH	421	$ 5,217	$ 12.39	384	$ 3,751	$ 9.77
602	CAVITY INVOLVING THREE SURFACES - PRIMARY TEETH	51	$ 871	$ 17.08	81	$ 1,096	$ 13.53
611	CAVITY INVOLVING ONE SURFACE - PERMANENT TEETH	1,467	$ 11,457	$ 7.81	1,953	$ 12,158	$ 6.23
612	CAVITY INVOLVING TWO SURFACES - PERMANENT TEETH	925	$ 12,397	$ 13.40	1,277	$ 14,156	$ 11.09
613	CAVITY INVOLVING THREE SURFACES - PERMANENT TEETH	215	$ 4,362	$ 20.29	360	$ 5,151	$ 14.31
614	CAV INVOLVNG MORE THAN 3 SURFACES ONLAYS AND POST REINFCMT	22	$ 487	$ 22.14	38	$ 679	$ 17.87
636	TWO SURFACE INLAY	1	$ 14	$ 14.00	0	$ 0	$ .00
637	THREE OR MORE SURFACE INLAY	1	$ 20	$ 20.00	0	$ 0	$ .00
642	SILICATE CEMENT FILLINGS	106	$ 1,141	$ 10.76	109	$ 856	$ 7.85
643	ADDENT OR DAKOR TYPE FILLINGS	543	$ 6,408	$ 11.80	753	$ 7,389	$ 9.81
644	ACRYLIC OR PLASTIC FILLINGS INTERPROXIMAL OR 1 SURFACE)	49	$ 547	$ 11.16	156	$ 1,388	$ 8.90
645	ACRYLIC OR PLASTIC FILLINGS INVOLVING TOOTH INCISAL	10	$ 151	$ 15.10	13	$ 131	$ 10.08
	RESTORATIVE DENTISTRY	4,070	$ 44,848	$ 11.02	5,423	$ 48,450	$ 8.93
650	ACRYLIC CROWN	2	$ 65	$ 32.50	8	$ 450	$ 56.25
651	ACRYLIC WITH METAL	22	$ 2,367	$107.59	2	$ 165	$ 82.50
652	PORCELAIN CROWN	10	$ 1,000	$100.00	13	$ 1,125	$ 86.54
653	PORCELAIN WITH METAL	31	$ 3,936	$126.97	11	$ 1,380	$125.45
660	GOLD CROWN, FULL CAST, BICUSPID	30	$ 2,352	$ 78.40	4	$ 205	$ 51.25
661	GOLD CORWN, FULL CAST, MOLAR	55	$ 4,555	$ 82.82	10	$ 605	$ 60.50
667	GOLD 3/4 CROWN	95	$ 7,476	$ 78.69	22	$ 1,260	$ 57.27
670	STAINLESS STEEL CROWN (PRIMARY TOOTH)	26	$ 600	$ 23.08	25	$ 455	$ 18.20
671	STAINLESS STEEL CROWN (PERMANENT TOOTH)	17	$ 505	$ 29.71	18	$ 465	$ 25.83
672	GOLD DOWEL PIN	0	$ 0	$ .00	1	$ 30	$ 30.00
	CROWNS	288	$ 22,856	$ 79.36	114	$ 6,140	$ 53.86
680	CAST GOLD (SANITARY)	25	$ 1,864	$ 74.56	3	$ 145	$ 48.33
681	STELLE S FACING	35	$ 2,551	$ 72.89	10	$ 550	$ 55.00
682	TRI-PONTIC TYPE (INCLUDES ACCESSIV CROWNS)						

BUTTE DENTAL PROGRAM/MEDICAID COST COMPARISON
PERIOD JAN/1971 THRU Dec./1973

PROCEDURE NO.	NAME	BUTTE DENTAL NUMBER OF SERVCS	BUTTE DENTAL TOTAL EXPENDITURE	BUTTE DENTAL AVERAGE EXPENDITURE	MEDICAID NUMBER OF SERVCS	MEDICAID TOTAL EXPENDITURE	MEDICAID AVERAGE EXPENDITURE
683	PORCELAIN BAKED TO GOLD OR OTHER METAL	13	$ 1,555	$119.62	1	$ 110	$110.00
684	PLASTIC PROCESSED TO GOLD OR OTHER METAL	20	$ 1,495	$ 74.75	0	$ 0	$ .00
	BRIDGE ABUTMENTS	110	$ 8,639	$ 78.54	22	$ 1,215	$ 55.23
685	1 PC CAS CHR COB ALLO CLAS A RES ATTAC AL TYP PR UT INC PN	0	$ 0	$ .00	2	$ 160	$ 80.00
687	CROWN	1	$ 5	$ 5.00	8	$ 42	$ 5.25
688	BRIDGE	1	$ 10	$ 10.00	1	$ 11	$ 11.00
690	REPAIRS - FEE BASED ON TIME AND LABORATORY CHARGES	3	$ 66	$ 22.00	2	$ 30	$ 15.00
693	REPLACE BROKEN STEELES FACING WITH POST BACKING INTACT	4	$ 68	$ 17.00	3	$ 32	$ 10.67
	REMOVABLE UNILATERAL BR	9	$ 149	$ 16.56	16	$ 275	$ 17.19
700	COMPLETE MAXILLARY DENTURE	196	$ 31,910	$162.81	192	$ 30,625	$159.51
701	COMPLETE MANDIBULAR DENTURE	144	$ 22,913	$159.12	146	$ 23,002	$157.55
702	PARTIAL ACRYLIC UPPER/LOWER - 2 WROUGHT CHROME ALLOY CLASP	13	$ 2,292	$176.31	15	$ 2,120	$141.33
703	PARTIAL UPPER - WROUGHT PALATAL BAR, 2 CLASPS ETC	2	$ 372	$186.00	9	$ 1,465	$162.78
704	PARTIAL LOWER - WROUGHT LINGUAL BAR, 2 CLASPS ETC	6	$ 1,291	$215.17	17	$ 2,508	$147.53
705	PARTIAL UPPER - CAST LINGUAL BAR, 2 CLASPS ETC	14	$ 3,230	$230.71	17	$ 2,945	$173.24
706	PARTIAL LOWER - CAST LINGUAL BAR, 2 CLASPS ETC	65	$ 12,223	$188.05	16	$ 2,625	$164.06
707	PARTIAL UPPER - CAST HORSESHOE, 2 CLASPS ETC	6	$ 1,275	$212.50	4	$ 740	$185.00
708	705, 706 AND 707 WITH CAST SADDLES PER TOOTH EXTRA PER UNIT	2	$ 90	$ 45.00	0	$ 0	$ .00
709	STAY LAT ONE TOOTH BAS FEE ADDT'L TEETH OR RETENTV WIRE EA	3	$ 225	$ 75.00	15	$ 832	$ 55.47
710	DENTURE ADJUSTMENT	6	$ 33	$ 5.50	23	$ 105	$ 4.57
711	DENTURE RELINE - LABORATORY CURED	51	$ 2,580	$ 50.59	59	$ 2,237	$ 37.92
713	SPEC TIS CONDNR PR DENTR RX APP TREAT IN AD TO RELINE	3	$ 41	$ 13.67	0	$ 0	$ .00
714	TEMP	1	$ 75	$ 75.00	5	$ 305	$ 61.00
720	BROKEN DENTURE, REPAIRING (NO TEETH INVOLVED)	9	$ 147	$ 16.33	29	$ 415	$ 14.31
721	REPLACING MISSING OR BROKEN TEETH, EACH ADDITIONAL	25	$ 177	$ 7.10	42	$ 334	$ 7.96
723	FIRST TOOTH - ADDED TO PARTIAL DENTURE	4	$ 70	$ 17.50	5	$ 100	$ 20.00
726	EACH ADDITIONAL TOOTH AND CLASP	2	$ 42	$ 21.00	1	$ 10	$ 10.00
799	UNSPECIFIED PARTIAL DENT REPAIRS BASED ON TIM AN LAB CHARG	1	$ 15	$ 15.00	6	$ 91	$ 15.17
	PROSTHETICS	551	$ 79,001	$142.86	601	$ 70,459	$117.24
900	FIXED SPACE MAINTAINER (BAND TYPE)	31	$ 1,085	$ 35.00	27	$ 866	$ 32.07
901	WITH STAINLESS STEEL ROUND WIRE, REST ONLY	4	$ 100	$ 25.00	1	$ 18	$ 18.00
903	STUDY MODELS, EACH	1	$ 5	$ 5.00	1	$ 10	$ 10.00
840	LINGUAL ARC RETNR FIXD W BANDS AND LINGUAL RETAING BAR	6	$ 440	$ 73.33	0	$ 0	$ .00
	SPACE MAINTAINERS	42	$ 1,630	$ 38.81	29	$ 894	$ 30.83
912	TREATMENT OF CONDYLAR FRACTROPEN REDUCTION	0	$ 0	$ .00	35	$ 393	$ 11.24
	FRACTURES & DISLOCATIONS	0	$ 0	$ .00	35	$ 393	$ 11.24
	TOTAL ALL PROCEDURES	10,431	$207,109	$ 19.86	15,422	$184,018	$ 11.93

INDIVIDUAL					CURRENT MONTH			PROGRAM TO DATE					
								INITIAL			MAINTENANCE		
NUMBER	NAME		ADULT/ CHILD	CAT REL	INIT/ MAINT	NO. OF SERVICES	AMOUNT	NO. OF MONTHS	NO. OF SERVICES	AMOUNT	NO. OF MONTHS	NO. OF SERVICES	AMOUNT
1-01	ANDERSON	M	A	NONE				7	8	520.00	1		
1-02	ANDERSON	K	A	NONE				7	13	591.00	1		
1-03	ANDERSON	J	C	NONE				7	19	257.00	1		
1-04	ANDERSON	C	C	NONE				7	17	241.00	1		
1-05	ANDERSON	W	C	NONE				7	16	180.00	1		
1-06	ANDERSON	R	C	NONE				7	12	134.00	1		
1-07	ANDERSON	L	C	NONE				7	11	135.00	1		
1-08	ANDERSON	L	C	NONE				7	13	158.00	1		
1-09	ANDERSON	J	C	NONE				7	9	82.00	1		
1-10	ANDERSON	J	C	NONE				7					
2-01	CRNICH	W	A	DAA	3M	2	100.00	7	21	455.00	11	2	100.00
3-01	LEPPIE	A	A	ATPD				7	19	586.00	3		
3-03	LEPPIE	A F	C	ATPD				7	5	61.00	3		
4-02	BRANDENBUR	M H	A	DAA				8	5	420.00	7		
5-02	ADAM	L	A	NONE				7	5	273.00	11		
5-03	ADAM	J	C	NONE				7	3	32.00	1		
6-02	BARBAUGH	M	A	DAA				7	2	400.00	11		
7-01	BARRY	R J	A	ATPD				15	2	26.00			
7-02	BARRY	N L	A	ATPD				13	11	477.00	2		
7-03	BARRY	W M	C	ATPD				11	16	198.00	4		
7-04	BARRY	R F	C	ATPD				11	19	230.00	4		
7-05	BARRY	J I	C	ATPD				13	32	783.00	2		
8-01	WHITECLOUD	C	A	NONE				7	16	903.00	11	6	374.00
9-01	BECKMAN	H	A	NONE				7	5	141.00	3		
9-02	BECKMAN	D	A	NONE				7	4	426.00	3		
9-03	BECKMAN	P	C	NONE				7	20	474.00	3		
9-04	BECKMAN	C	C	NONE				7	5	208.00	3		
9-05	BECKMAN	G	C	NONE				7	5	81.00	3		
9-06	BECKMAN	R	C	NONE				7	15	178.00	3		
9-07	BECKMAN	R	C	NONE				7	4	45.00	3		
9-08	BECKMAN	R	C	NONE				7	11	107.00	3		
10-01	BINNS	D	A	ATPD				3					
10-02	BINNS	H	A	AEDC				3					
10-03	BINNS	J	C	AEDC				3					
11-01	BROWN	C	A	NONE				16	11	111.00			
11-02	BROWN	G	A	NONE				7	11	658.00	10		
11-03	BROWN	K	C	NONE	3M	1	7.00	7	16	144.00	11	12	110.00
11-04	BROWN	T A	C	NONE	3M	2	19.00	7	11	93.00	11	16	163.00
11-05	BROWN	K	C	NONE				7	11	108.00	11	18	170.00
11-06	BROWN	C	C	NONE				7	8	57.00	11	19	136.00
11-07	BROWN	J	C	NONE	3M	2	16.00	7	12	166.00	11	11	97.00

PROCEDURE NO.	NAME	CURRENT MONTH NO. OF CLAIMS	CURRENT MONTH TOTAL EXPENDITURE	CURRENT MONTH AVERAGE EXPENDITURE	PROGRAM TO DATE NO. OF CLAIMS	PROGRAM TO DATE TOTAL EXPENDITURE	PROGRAM TO DATE AVERAGE EXPENDITURE
13		1	5.00	5.00	1	5.00	5.00
		1	5.00	5.00	1	5.00	5.00
19	EXAMINATION, ORAL, AND DIAGNOSIS *VISUAL ONLY*	222	1,326.00	5.97	1,088	6,494.00	5.96
20	OFFICE VISIT FOR TREATMENT & OBS OF INJURIES TO TEETH				1	6.00	6.00
31	OFFICE CALL EMERGENCY TREAT PALLIATIVE *REGULAR OFFICE*	14	84.00	6.00	30	181.00	6.03
49	PROPHYLAXIS - CHILDREN TO AGE 14	13	116.00	8.92	112	831.00	7.41
50	PROPHYLAXIS - TREATMENT *TO INCLUDE SCALING AND POLISHING*	41	399.00	9.73	229	2,375.00	10.38
62	TOPICAL APPLICATION OF STANNOUS FLUORIDE	113	2,013.00	17.81	528	9,204.00	17.43
67		1	15.00	15.00	1	15.00	15.00
72	PULP TEST OF DENTITION IN CONJUCT WITH STAND OFFICE PROCE				1	6.00	6.00
	VISITS AND EXAMINATIONS	404	3,953.00	9.78	1,990	19,114.00	9.60
110	SINGLE FILM INTR-ORAL PERIAPICAL	62	231.50	3.73	283	1,166.00	4.12
111	ADDITNL FILM INTRAORAL PERIAP UP TO AND INC FIVE 5 FILMS EA	171	354.00	2.07	604	2,138.00	3.53
112	COMPLETE SERIES INTRAORAL PERIAPICAL 14 FILMS	58	1,175.00	20.25	363	7,190.00	19.80
113	BITE WING X RAY SERIES	94	702.00	7.46	437	3,291.00	7.53
	ROENTGENOLOGY AND PATHOLOGY	385	2,462.50	6.39	1,687	13,785.00	8.17
200	SING TOOTH WITH LOC ANESTHESIA FEE INC ROUT POSTOPERTIVE VIS	78	656.00	8.41	727	6,090.00	8.37
201	EA ADD TOOTH SAME SITTING FEE INC ROUTINE POSTOPERATIVE VI.	129	920.00	7.13	803	5,910.00	7.35
202	SURGICAL REMOVAL OF ERUPTED TOOTH	1	20.00	20.00	1	20.00	20.00
	ORAL SURGERY	208	1,596.00	7.67	1,531	12,020.00	7.85
230	REMOVAL OF TOOTH, SOFT TISSUE IMPACTION	1	24.00	24.00	6	140.00	23.33
231	REMOVAL OF TOOTH, PARTIAL BONY IMPACTION	4	165.00	41.25	13	521.00	40.07
232	REMOVAL OF TOOTH, COMPLETE BONY IMPACTION	1	73.00	73.00	9	606.00	67.33
233	ROOT RECOVERY *SURGICAL REMOVAL OF RESIDUAL ROOT*	3	42.00	14.00	14	275.00	19.64
	IMPACTED TEETH	9	304.00	33.77	42	1,542.00	36.71
250	ALVEOLECTOMY *EDENTULOUS*, PERQUADRANT				3	65.00	21.66
252	ALVEOLECTOMY *SIMULTANEOUS WITH EXTRACTIONS*, PER QUADRANT	3			14	270.00	19.28
259	EXCISION OF HYPERPLASTIC TISSUE, PER QUADRANT	2	40.00	20.00	3	115.00	38.33
	ALVEOLAR OR GINGIVAL RECONSTRUCTION	5	40.00	8.00	20	450.00	22.50
260	INTRA-ORAL INCISION AND DRAINAGE OF ABSCESS				2	13.00	6.50
270	RESECTION OF BENIGN TUMOR OF SOFT TISSUE 2.5 CM.OR LARGER				1	35.00	35.00
276	REMOVAL OF FOREIGN BODY BONE *INDEPENDENT PROCEDURE				1	32.50	32.50
	CYSTS AND NEOPLASMS				4	80.50	20.12
291	FRENECTOMY				1	34.00	34.00
310	PERIPHERAL NERVE BLOCK, BRANCHES OF 5TH CRANIAL	1	4.00	4.00	1	4.00	4.00
	MISCELLANEOUS	1	4.00	4.00	2	38.00	19.00
452	SUBGINGIVAL CURETTAGE, ROOT PLANNING SCALING PER QUADRANT	4	80.00	20.00	14	224.00	16.00

PROCEDURE NO.	RATE	CURRENT MONTH NO. OF CLAIMS	CURRENT MONTH TOTAL EXPENDITURE	CURRENT MONTH AVERAGE EXPENDITURE	PROGRAM TO DATE NO. OF CLAIMS	PROGRAM TO DATE TOTAL EXPENDITURE	PROGRAM TO DATE AVERAGE EXPENDITURE
472	GINGIVECTOMY, PER QUADRANT *INCLUDING POSTSURGICAL VISITS*	4	240.00	60.00	4	240.00	60.00
	PERIODONTIA	8	320.00	40.00	18	471.00	26.16
500	PULP CAPPING, EXPOSURE	1	7.00	7.00	18	124.00	6.88
501	THERAPEUTIC PULPOTOMY IN ADDITION TO RESTORATN PER TREATMT	1	12.00	12.00	11	144.00	13.09
502	VITAL PULPOTOMY	1	15.00	15.00	7	101.00	14.42
	ENDODONTIA	3	34.00	11.33	36	369.00	10.25
511	SINGLE ROOTED CANAL THERAPY *INCLUDES X-RAYS*	5	271.00	54.20	27	1,761.00	65.22
512	BI-ROOTED TOOTH CANAL THERAPY *INCLUDES X-RAYS*				1	14.00	14.00
513	TRI-ROOTED TOOTH CANAL THERAPY *INCLUDES X-RAYS*	2	260.00	130.00	2	260.00	130.00
530	INC STERLZTN TECH + APICOECTMY INC ROOT CANAL FILLING & XR				1	100.00	100.00
571	APICOECTOMY *SEPARATE PROCEDURES*	1	70.00	70.00	1	70.00	70.00
	ROOT CANALS	8	601.00	75.12	32	2,205.00	68.90
600	CAVITY INVOLVING ONE SURFACE - PRIMARY TEETH	24	167.00	6.95	259	1,776.00	6.85
601	CAVITY INVOLVING TWO SURFACE - PRIMARY TEETH	48	554.00	11.54	421	5,217.00	12.39
602	CAVITY INVOLVING THREE SURFACES-PRIMARY TEETH	7	123.00	17.57	51	871.00	17.07
611	CAVITY INVOLVING ONE SURFACE-PERMANENT TEETH	326	2,480.00	7.60	1,467	11,457.00	7.80
612	CAVITY INVOLVING TWO SURFACES-PERMANENT TEETH	149	1,982.00	13.30	925	12,397.00	13.40
613	CAVITY INVOLVING THREE SURFACES-PERMANENT TEETH	38	692.00	18.21	215	4,362.00	20.28
616	CAV INVOLVNG MORE THAN 3 SURFACES ONLAYS AND POST REINFCMT	4	69.00	17.25	22	487.00	22.13
636	TWO SURFACE INLAY				1	14.00	14.00
637	THREE OR MORE SURFACE INLAY				1	20.00	20.00
642	SILICATE CEMENT FILLINGS	28	256.00	9.14	106	1,141.00	10.76
643	ADAPTIC OR COMPOSITE TYPE FILLINGS	72	823.00	11.43	543	6,408.00	11.80
645	ACRYLIC OR PLASTIC FILLINGS INTERPROXIMAL OR 1 SURFACE	15	170.00	11.33	49	547.00	11.16
646	ACRYLIC OR PLASTIC FILLINGS INVOLVING TOOTH INCISAL	2	34.00	17.00	10	151.00	15.10
	RESTORATIVE DENTISTRY	713	7,350.00	10.30	4,070	44,848.00	11.01
650	ACRYLIC CROWN				2	65.00	32.50
651	ACRYLIC WITH METAL	2	230.00	115.00	22	2,367.00	107.59
652	PORCELAIN CROWN	4	384.00	96.00	10	1,000.00	100.00
653	PORCELAIN WITH METAL	16	2,150.00	134.37	31	3,936.00	126.96
660	GOLD CROWN, FULL CAST, BICUSPID	3	255.00	85.00	30	2,352.00	78.40
661	GOLD CROWN, FULL CAST, MOLAR	17	1,394.00	82.00	55	4,555.00	82.81
662		1	6.00	6.00	1	6.00	6.00
663	GOLD 3/4 CROWN	13	1,013.00	77.92	95	7,476.00	78.69
670	STAINLESS STEEL CROWN *PRIMARY TOOTH*	1	24.00	24.00	26	600.00	23.07
671	STAINLESS STEEL CROWN *PERMANENT TOOTH*	1	31.00	31.00	17	505.00	29.70
	CROWNS	58	5,487.00	94.60	289	22,862.00	79.10
680	CAST GOLD *SANITARY*	5	358.00	71.60	25	1,864.00	74.56
681	STEELE'S FACING				35	2,551.00	72.88
682	TRU-PONTIC TYPE *INCLUDES CERAMI CROWN*	3	270.00	90.00	17	1,174.00	69.05
683	PORCELAIN BAKED TO GOLD OR OTHER METAL	7	795.00	113.57	13	1,555.00	119.61
684	PLASTIC PROCESSED TO GOLD OR OTHER METAL	8	660.00	82.50	20	1,495.00	74.75
	BRIDGE ABUTMENTS						

PROCEDURE NO.	NAME	CURRENT MONTH NO. OF CLAIMS	CURRENT MONTH TOTAL EXPENDITURE	CURRENT MONTH AVERAGE EXPENDITURE	PROGRAM TO DATE NO. OF CLAIMS	PROGRAM TO DATE TOTAL EXPENDITURE	PROGRAM TO DATE AVERAGE EXPENDITURE
687	CROWN				1	5.00	5.00
688	BRIDGE				1	10.00	10.00
690	REPAIRS - FEE BASED ON TIME AND LABORATORY CHARGES	1	21.00	21.00	3	66.00	22.00
693	REPLACE BROKEN STEELES FACING WITH POST BACKING INTACT				4	68.00	17.00
	REMOVABLE *UNILATERAL BRIDGES*	1	21.00	21.00	9	149.00	16.55
700	COMPLETE MAXILLARY DENTURE	29	5,555.00	191.55	196	31,910.00	162.80
701	COMPLETE MANIBULAR DENTURE	18	3,435.00	190.83	144	22,913.00	159.11
702	PARTIAL ACRYLIC UPPER/LOWER-2WROUGHT CHROME ALLOY CLASP	3	600.00	200.00	13	2,292.00	176.30
703	PARTIAL UPPER - WROUGHT PALATAL BAR, 2 CLASPS ETC				2	372.00	186.00
704	PARTIAL LOWER-WROUGHT LINGUAL BAR, 2 CLASPS ETC				6	1,291.00	215.16
705	PARTIAL UPPER-CAST LINGUAL BAR, 2 CLASPS ETC				14	3,230.00	230.71
706	PARTIAL LOWER-CAST LINGUAL BAR, 2 CLASPS ETC	9	2,138.00	237.55	65	12,223.00	188.04
707	PARTIAL UPPER-CAST HORSESHOE, 2CLASPS ETC				6	1,275.00	212.50
708	705 706 AND 707 WITH CAST SADDLES PER TOOTH EXTRA PER UNIT				2	90.00	45.00
709	STAY PLATE ONE TOOTH BAS FEE ADTNL TEETH OR RETENTV WIRE EA	2	150.00	75.00	3	225.00	75.00
720	DENTURE ADJUSTMENT	1	6.00	6.00	6	33.00	5.50
722	DENTURE RELINE-LABORATORY CURED	26	1,300.00	50.00	51	2,580.00	50.58
723	SPEC TIS CONDNR PR DENTR PR APP TREAT IN AD TO RELINE				3	41.00	13.66
724	TEMP				1	75.00	75.00
760	BROKEN DENTURE, REPAIRING *NO TEETH INVOLVED*	3	38.00	12.66	9	147.00	16.33
761	REPLACING MISSING OR BROKEN TEETH, EACH ADDITIONAL	5	53.50	10.70	25	177.50	7.10
793	FIRST TOOTH - ADDED TO PARTIAL DENTURE				4	70.00	17.50
796	EACH ADDITIONAL TOOTH AND CLASP				2	42.00	21.00
799	UNSPECIFIED PARTIAL DENT REPAIRS BASED ON TIM AN LAB CHARG				1	15.00	15.00
	PROSTHETICS	96	13,275.50	138.28	553	79,001.50	142.85
800	FIXED SPACE MAINTAINER *BAND TYPE*	1	50.00	50.00	31	1,085.00	35.00
801	WITH STAINLESS STEEL ROUND WIRE, REST ONLY				4	100.00	25.00
803	STUDY MODELS, EACH				1	5.00	5.00
840	LINGUAL ARC RETNR FIXD W BANDS AND LINGUAL RETAING BAR	1	75.00	75.00	6	440.00	73.33
	SPACE MAINTAINERS	2	125.00	62.50	42	1,630.00	38.80
	TOTAL ALL PROCEDURES	1,925	37,661.00	19.56	10,436	207,209.00	19.85

APPENDIX D-4

DECEMBER 31, 1973

UTILIZATION PATTERN

DELTA DENTAL PLAN

TYPE COVERAGE - ADULT

MONTHS IN PROJECT	NUMBER OF ENROLLEES WITH MONTHY EXPENDITURES OF $0	$1-25	$26-50	$51-75	$76-100	$101-200	$201-300	$301-400	$401 +	TOTAL ENROLLEES	AVERAGE / ENROLLEE
1	228	23	57	9	9	19	7	13	60	425	$ 104
2	283	12	12	4	5	2	6	10	8	342	$ 32
3	283	7	19	3	3	2	6	12	2	337	$ 26
4	271	15	31	3	3	2	1	5	6	337	$ 22
5	266	16	12	5	4	7	7	8	6	331	$ 42
6	280	16	7	4	3	8	3	3	5	329	$ 20
7	263	5	12	3	7	6	8	15	6	325	$ 42
8	273	5	5	5	3	8	4	9	0	312	$ 20
9	237	12	2	2	2	6	6	3	6	276	$ 27
10	233	4	1	1	0	0	2	4	2	247	$ 12
11	213	8	3	0	0	0	0	0	1	225	$ 3
12	219	4	1	0	0	0	0	0	1	225	$ 2
13	202	5	5	0	1	0	0	2	0	215	$ 5
14	189	5	3	1	0	1	0	0	0	199	$ 2
15	179	6	7	0	0	4	1	1	0	198	$ 7
16	180	8	2	0	0	0	0	0	3	193	$ 9
17	173	4	4	0	0	1	0	1	0	183	$ 4
18	169	3	4	0	1	1	1	0	1	180	$ 7
19	167	5	3	1	1	1	1	0	0	179	$ 4
20	161	3	0	1	1	2	0	1	1	170	$ 7
21	162	2	2	1	1	0	0	1	0	169	$ 4
22	149	5	3	0	0	0	1	0	0	158	$ 3
23	138	3	4	1	1	1	0	1	0	149	$ 6
24	137	3	0	1	0	0	1	0	0	142	$ 2
25	139	2	0	1	0	0	0	0	0	142	$ 1
26	102	1	0	1	0	0	0	0	0	104	$ 1
27	100	1	1	1	0	1	0	0	0	104	$ 2
28	102	1	0	1	0	0	0	0	0	104	$ 1
29	75	2	1	0	0	0	0	0	0	78	$ 1
30	71	3	1	0	0	0	1	0	0	76	$ 4
31	72	4	0	0	0	0	0	0	0	76	$ 1
32	72	2	1	0	0	1	0	0	0	76	$ 2
33	70	1	1	0	0	2	0	0	0	74	$ 4
34	0	2	1	0	0	0	0	0	0	3	$ 17
35	0	0	1	0	1	0	0	0	0	2	$ 65
36	0	1	2	0	0	0	1	0	0	4	$ 86
37	0	1	1	0	0	0	0	0	0	2	$ 37
38	0	1	0	0	0	0	0	0	0	1	$ 12
39	0	0	1	0	0	0	0	0	0	1	$ 28
40	0	0	0	0	0	0	0	0	1	1	$ 533

NUMBER OF ENROLLEES WITH TOTAL EXPENDITURES OF $0	$1-50	$51-100	$101-200	$201-400	$401-600	$601-800	$801-1000	$1000 +		
92	36	11	32	69	130	38	11	6	425	$ 313

DELTA DENTAL PLAN

DECEMBER 31, 1973

UTILIZATION PATTERN

TYPE COVERAGE - CHILD

MONTHS IN PROJECT	NUMBER OF ENROLLEES WITH MONTHY EXPENDITURES OF $0	$1-25	$26-50	$51-75	$76-100	$101-200	$201-300	$301-400	$401 +	TOTAL ENROLLEES	AVERAGE/ ENROLLEE
1	334	50	50	25	33	52	11	4	5	564	$ 37
2	357	30	27	9	4	9	5	1	3	445	$ 14
3	357	41	20	8	4	9	0	1	0	440	$ 8
4	304	74	37	12	5	6	2	0	0	440	$ 11
5	332	50	33	7	7	3	0	0	1	433	$ 9
6	321	21	43	16	13	14	2	0	1	431	$ 16
7	331	41	27	11	10	9	1	1	0	431	$ 11
8	368	16	19	8	3	8	1	0	0	423	$ 7
9	380	15	5	4	6	0	0	1	0	411	$ 4
10	354	14	5	3	3	4	0	0	0	383	$ 4
11	338	8	7	1	0	0	0	0	0	354	$ 1
12	323	14	12	5	0	0	0	0	0	354	$ 2
13	285	28	12	7	1	0	0	1	0	334	$ 5
14	287	4	10	2	0	4	0	0	0	307	$ 3
15	273	17	8	3	2	3	1	0	0	307	$ 5
16	252	23	15	3	1	1	0	0	0	295	$ 4
17	241	26	9	2	0	0	0	0	0	278	$ 3
18	242	13	11	3	0	0	0	0	0	269	$ 3
19	242	15	5	4	1	0	0	0	0	267	$ 3
20	240	11	2	1	0	0	0	0	0	254	$ 1
21	231	12	10	1	0	0	0	0	0	254	$ 2
22	229	9	3	3	2	2	0	0	0	248	$ 3
23	209	7	13	2	1	1	0	0	0	233	$ 4
24	187	14	7	3	0	0	0	0	0	211	$ 3
25	202	5	2	1	0	1	0	0	0	211	$ 1
26	145	2	2	2	0	1	0	0	0	152	$ 3
27	132	8	12	0	0	0	0	0	0	152	$ 3
28	149	0	2	0	0	0	0	0	0	151	$ 1
29	106	14	1	2	1	0	0	0	0	124	$ 3
30	108	9	4	2	0	1	0	0	0	124	$ 4
31	112	4	3	4	1	0	0	0	0	124	$ 4
32	120	0	4	0	0	0	0	0	0	124	$ 1
33	114	7	2	0	0	0	0	0	0	123	$ 1
34	0	9	3	1	0	0	0	0	0	13	$ 25
35	0	11	3	1	0	0	0	0	0	15	$ 21
36	0	5	4	1	0	0	0	0	0	10	$ 31
37	0	1	1	0	0	1	1	0	0	4	$ 106
38	0	0	0	0	1	0	0	0	0	1	$ 76
39	0	2	0	0	0	0	0	0	0	2	$ 7
40	0	2	3	0	0	0	0	0	0	5	$ 28
41	0	0	0	0	0	1	1	1	0	3	$ 232
42	0	0	0	0	0	1	0	0	0	1	$ 110

NUMBER OF ENROLLEES WITH TOTAL EXPENDITURES OF $0	$1-50	$51-100	$101-200	$201-400	$401-600	$601-800	$801-1000	$1000 +		
92	67	113	169	99	16	8	0	0	564	$ 132

APPENDIX E

E-1 Survey Instrument

E-2 Survey Results

)emonstration
)ental

)ledicaid

)Non-Recipient

or ffice use only)

APPENDIX E-1

DENTAL HEALTH SURVEY

SILVER BOW COUNTY

lel). My name is _____. I'm assisting the State of Montana Depart-
en of Social and Rehabilitation Services in conducting a survey of dental health needs
mo the residents of Silver Bow County. I've been hired temporarily to act as an interviewer
or this study.

f ou could spare a few minutes, we'd like to get some information and opinions from you
eg ding your dental health needs and care. Your answers will be strictly confidential
nd will in no way affect your eligibility for any program. (INTERVIEWER: CIRCLE RESPONSES)

LL RESPONDENTS SECTION:

a. Could you please tell me, are you now enrolled in either the:

1 Demonstration Dental Program? or
2 Medicaid program (WELFARE)
} (IF YES, SKIP TO QUES 2)
3 NO (IF NO, ASK "b")

b. Were you at one time enrolled in the:

4 Demonstration Dental Program? or
5 Medicaid
} (IF YES, SKIP TO QUES 3)
6 NO (IF NO, SKIP TO QUES 4)

. How long have you been in this program?

1 ONE MONTH OR LESS
2 MORE THAN 1 - LESS THAN 3 MONTHS
3 MORE THAN 3 - LESS THAN 6 MONTHS
4 MORE THAN 6 - LESS THAN 9 MONTHS
5 MORE THAN 9 - LESS THAN 12 MONTHS
6 12 MONTHS OR MORE
7 DOESN'T KNOW

KI TO QUES 4

3. How long has it been since you were last in the program?

1 ONE MONTH OR LESS
2 MORE THAN 1 - LESS THAN 3 MONTHS AGO
3 MORE THAN 3 - LESS THAN 6 MONTHS AGO
4 MORE THAN 6 - LESS THAN 9 MONTHS AGO
5 MORE THAN 9 - LESS THAN 12 MONTHS AGO
6 12 MONTHS OR MORE
7 DOESN'T KNOW

4. Would you describe your dental health condition right now as:

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

5. Would you have described your dental health condition one year ago as:

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

) rban Management Consultants 5/72

6. How often do you think a person should visit his dentist for a check up?

1 ONCE A MONTH
2 EVERY 3 MONTHS
3 EVERY 6 MONTHS
4 ONCE A YEAR
5 EVERY 2 YEARS
6 LESS OFTEN THAN EVERY 2 YEARS
7 DOESN'T KNOW

7. In the past 18 months, how many times have you visited the dentist?

1 ONCE
2 TWICE
3 3-4 TIMES
4 5 TIMES OR MORE
5 NOT AT ALL? (Why? _____

_____

_____

8. When was the last time you visited a dentist?

1 WITHIN THE LAST MONTH
2 MORE THAN 1 - LESS THAN 3 MONTHS AGO
3 MORE THAN 3 - LESS THAN 6 MONTHS AGO
4 MORE THAN 6 - LESS THAN 12 MONTHS AGO
5 1-2 YEARS AGO
6 3-5 YEARS AGO
7 MORE THAN 5 YEARS AGO
8 DOESN'T RECALL

9. Thinking back about the last time you visited the dentist, would you rate the quality of dental care you received as:

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

10. Aside from emergencies, when do you plan your next visit to the dentist?

1 WITHIN THE NEXT MONTH
2 2-3 MONTHS FROM NOW
3 4-6 MONTHS FROM NOW
4 6 MONTHS TO A YEAR FROM NOW
5 1 TO 2 YEARS FROM NOW
6 MORE THAN 2 YEARS FROM NOW
7 ONLY WHEN THE NEED ARISES
8 DOESN'T KNOW
9 DOESN'T PLAN TO (Why? _____

_____

_____

11. Do you think you are getting to the dentist as often as you need to?

1 YES
2 NO

12. How often does lack of transportation prevent you from getting to and from the dentist?

1 all of the time?
2 most of the time?
3 some of the time? or
4 none of the time?

13. How often has the cost of dental care prevented you from getting the care you needed?

1 all of the time?
2 most of the time?
3 some of the time? or
4 none of the time?

1. In the last 18 months, how much have you had to pay in dental bills for yourself and any other members of your household?

1 NOTHING
2 $1 - 25
3 $26 - 50
4 $51 - 100
5 $101 - 250
6 $251 - 500
7 $501 - 1,000
8 over $1,000
9 DOESN'T KNOW

15. Do you have any children 19 or under living at home?

1 YES (GO ON TO QUES 16)
2 NO (SKIP TO QUES 22)

16. How would you describe the dental health condition of all your children right now?

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

17. How would you have described their dental health condition one year ago?

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

18. How often is child care a problem for you when attempting to go to the dentist?

1 all of the time?
2 most of the time?
3 some of the time? or
4 none of the time?

19. Do you feel that your children are getting dental care as often as they need to?

1 YES
2 NO

20. Within the last year have all of your children visited the dentist at least once?

1 YES (GO ON TO QUES 21)
2 NO (SKIP TO QUES 22)

21. How do you feel about the quality of dental care your children have received during the past year?

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

22. Do you have a regular dentist now?

1 YES (GO ON TO QUES 23)
2 NO (SKIP TO QUES 27)

23. Would you rate your present dentist as:

1 excellent?
2 good?
3 average?
4 fair? or
5 poor? (Why? _____

_____

_____

24. Would you say that your dentist is:

1 very friendly and concerned?
2 somewhat friendly and concerned? or
3 not very friendly or concerned?
4 DOESN'T KNOW

5. How much confidence do you have in your dentist?

1 a lot?
2 some?
3 very little? or
4 none? (Why?_____

_____

_____

6. With regard to the fees your dentist charges, do you think they are:

1 excessive? or
2 reasonable?
3 DOESN'T KNOW

7. When thinking about going to the dentist, are you:

1 very worried about pain?
2 somewhat worried? or
3 not worried at all?

8. If you could buy dental protection -- such as dental insurance -- for you and your family, what would be the maximum amount you would pay on a monthly basis?

1 $1 - 5
2 $6 - 10
3 $11 - 15
4 $16 - 20
5 $21 - 30
6 $31 - 40
7 $41 - 50
8 DOESN'T KNOW
9 NOTHING (Why? _____

_____

_____

MONSTRATION DENTAL OR MEDICAID ENROLLEES
LY: (IF RESPONDENT IS NOT IN THE DEMONSTRA-
ON DENTAL OR MEDICAID PROGRAM, SKIP TO THE
CKGROUND SECTION ON PAGE 7. DOUBLE-CHECK
IS BY REFERRING BACK TO QUESTION 1.) IF THE
SPONDENT IS IN THE DEMONSTRATION DENTAL
OGRAM, USE "Demonstration Dental" ONLY IN
ADING THE ITEMS BELOW. ON THE OTHER HAND,
THE RESPONDENT IS ON MEDICAID. USE
"Medicaid)" ONLY.

2. How did you first learn about the Demonstration Dental (Medicaid) Program?

1 AGENCY REFERRAL (WELF., NEI. CTR., ETC)
2 PERSONAL REFERRAL (FRIEND OR RELATIVE)
3 PUBLICATION (NEWSPAPER, PAMPHLET, ETC.)
4 RADIO OR TV
5 CONTACTED BY PROGRAM STAFF
6 OTHER (SPECIFY _____

_____

_____

30 Do you think getting on the Demonstration Dental (Medicaid) Program was:

1 easy? or
2 difficult? (Why?_____

_____

_____

31 Do you feel that your dental benefits under the Demonstration Dental (Medicaid) Program have been clearly explained to you?

1 YES
2 NO (Why? _____

_____

_____

32 Since being on the program, have you been to the dentist?

1 YES (GO ON TO QUES 33)
2 NO (SKIP TO QUES 39)

33. From the time you were first certified as eligible to participate in the program about how long was it before you visited the dentist?

1 WITHIN ONE MONTH
2 1 - 2 MONTHS
3 3 - 4 MONTHS
4 5 - 6 MONTHS
5 7 - 9 MONTHS
6 10 - 12 MONTHS
7 MORE THAN 12 MONTHS
8 DOESN'T KNOW

34. Compared to before you were enrolled in the program, how are you <u>now</u> treated by the dentist?

1 better?
2 about the same? or
3 worse? (Why?_____

_____

_____

35. Since being in the program, is your general feeling about dentists?

1 better?
2 about the same? or
3 worse? (Why? _____

_____

_____

36. Have you changed dentists since enrolling in the program?

1 NO
2 YES (Why? _____

_____

_____

37. Have you had to pay any money for dental bills not paid by the Demonstration Dental (Medicaid) Program?

1 YES (GO ON TO QUES 38)
2 NO (SKIP TO QUES 39)

38 (IF YES) Have you felt that the amount has been:

1 reasonable? or
2 too much?

39 Since being enrolled in the Demonstration Dental (Medicaid) Program, do you feel that your dental health has improved?

1 a lot?
2 some?
3 very little? or
4 not at all?

40 Compared to before you enrolled in the Demonstration Dental (Medicaid) Program, do you now feel that you:

11 know more about dental care?
2 know less about dental care? or
3 know about the same?

41 Since being enrolled in the Demonstration Dental (Medicaid) Program, do you generally have:

1 less difficulty getting dental care?
2 more difficulty getting dental care?or
3 is it about the same?

42. Since being enrolled in the Demonstration Dental (Medicaid) Program, do you feel generally:

1 healthier than before?
2 less healthy than before? or
3 about the same

43. Since being enrolled in the Demonstration Dental (Medicaid) Program, do you feel:

1 More financially secure?
2 less financially secure? or
3 about the same?

44. How do you feel about the Demonstration Dental (Medicaid) Program in general?

1 very satisfied with it?
2 fairly satisfied?
3 not very satisfied? or
4 very dissatisfied?

Please explain your answer: _____

_____

_____

45. Since enrolling in the Demonstration Dental (Medicaid) Program, have you seen any of the program (Welfare) staff?

YES
1 Visited your home
2 You saw them in the Demonstration Dental (Welfare) office? } GO TO QUES 46

3 NO (SKIP TO BACKGROUND SECTION)

46. (IF YES TO QUES 45) Was seeing that person:

1 very helpful
2 somewhat helpful? or
3 not very helpful?

47. I'm going to read a list of things that the Demonstration Dental (Welfare) staff may have done for you. As I read each item, please answer "yes" or "no". Have they:

YES

1...provided transportation to the dentist?
2...helped you with babysitting?
3...given you pamphlets on dental health care?
4...provided dental health care education to you?
5...helped you make a dentist's appointment?
6...explained the program's dental benefits to you?
7...helped you straighten out dental bills?
8...helped you choose a dentist?
9...demonstrated dental hygiene practice to you?
O...asked you about the quality of dental care you receive?
X...explained premium contributions to you?
Y...asked you questions about your household income?
48/1...helped you find a job?
2...referred you to any other program or agency?
3...done any other things for you?

_____

_____

49. (INDICATE RESPONDENT'S SEX)

1 Female
2 Male

50. (INTERVIEWER: USE CARD 1) Using the card I just gave you, would you please tell me the age category you fall in?

1 19 or under
2 20 - 24
3 25 - 34
4 35 - 44
5 45 - 54
6 55 - 64
7 65 or over
8 WOULDN'T SAY

51. Are you the:

1 head of household? or
2 dependent spouse?
OTHER: _____

52. Would you please tell me your marital status? Are you:

1 single?
2 married?
3 separated?
4 divorced? or
5 widowed?
6 WOULDN'T SAY
OTHER: _____

53. Using CARD 2, would you please indicate by number your education?

1 8th grade or less
2 Some H.S., no diploma
3 H.S. Diploma or G.E.D.
4 1-2 years college
5 3-4 years college, no degree
6 College degree
7 WOULDN'T SAY

54. What is your present employment status?

1 FULL-TIME (30 hrs+/wk)
2 PART-TIME (less than 30 hrs/wk)
3 UNEMPLOYED (but looking for work)
4 RETIRED
5 HOUSEWIFE
6 TRAINING PROGRAM (e.g. CEP, WIN, etc)
7 WOULDN'T SAY
OTHER: _____

55. Using CARD 3, would you please indicate the range of your gross annual household income? We don't need to know the exact amount; just give me the number beside the approximate amount.

1 $000 - 999
2 1,000 - 1,999
3 2,000 - 2,999
4 3,000 - 3,999
5 4,000 - 4,999
6 5,000 - 5,999
7 6,000 - 6,999
8 7,000 or more
9 WOULDN'T SAY

56. (ASK ONLY IF RESPONSE NOT OBVIOUS) Are you:

1 White?
2 American Indian?
3 Mexican-American or Spanish surname?
4 NEGRO?
5 WOULDN'T SAY
OTHER: _____

57. What is the total number in your household?

/_____

58. How many children 19 and under do you have living in your home?

/_____

59. ASK ONLY OF DEMONSTRATION DENTAL ENROLLEES: Are you now on the:

1 Initial Plan? or
2 Maintenance Plan
3 DOESN'T KNOW

INTERVIEWER: FILL IN COMPLETELY

Name of Respondent: _____

Address: _____

Phone: _____ Interviewed Date: _____

Interviewer: _____

60. What was the respondent's comprehension of the questions during the interview:

1 Quick and correct
2 Quick but often incorrect
3 Slow but correct
4 Slow and sometimes confused
5 Unable to follow questions
6 Impeded by speech or hearing difficulties

TABLE 001

THIRD ADMINISTRATION APRIL/MAY 1973

C1A,8 ARE NOW OR WERE ENROLLED?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DEMO.DENTAL PROGRAM	87	17	70	15	33	39	44	43	6	51	-	-	-	-	-	-	-	-	-	-	-	-
	99%	100%	99%	100%	100%	97%	98%	100%	100%	100%												
MEDICAID (WELFARE)	1	-	1	-	-	1	1	-	-	-	88	8	80	27	29	32	-	-	-	-	-	-
	1%		1%			2%	2%				100%	100%	100%	100%	100%	100%						
NO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	84	14	70	16	19	49
																	100%	100%	100%	100%	100%	100%
AT ONE TIME ENROLLED DEMO.DENTAL PROGRAM	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MEDICAID (WELFARE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
																	1%		1%		5%	
NO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	80	14	66	15	16	49
																	95%	100%	94%	94%	84%	100%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 002

THIRD ADMINISTRATION APRIL/MAY 1973

G2 HOW LONG HAVE YOU BEEN IN THIS PROGRAM?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	47
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82	14	68	15	18	47
																	98%	100%	97%	94%	95%	100%
ONE MONTH OR LESS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 3 MONTHS	4	-	4	1	1	2	3	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	5%		6%	7%	3%	5%	7%	2%	17%													
3 - 6 MONTHS	5	1	4	1	3	1	3	2	-	4	-	-	-	-	-	-	-	-	-	-	-	-
	6%	6%	6%	7%	9%	2%	7%	5%		8%												
6 - 9 MONTHS	1	-	1	-	-	1	1	-	-	1	2	-	2	-	-	2	1	-	1	-	1	-
	1%		1%			2%	2%			2%	2%		2%			6%	1%		1%		5%	
9 - 12 MONTHS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12 MONTHS OR MORE	76	16	60	12	28	36	38	38	5	45	81	7	74	27	26	28	1	-	1	1	-	-
	86%	94%	85%	80%	85%	90%	84%	88%	83%	88%	92%	88%	92%	100%	90%	88%	1%		1%	6%		
DOESN'T KNOW	2	-	2	1	1	-	-	2	-	1	5	1	4	-	3	2	-	-	-	-	-	-
	2%		3%	7%	3%			5%		2%	6%	13%	5%		10%	6%						
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 004

THIRD ADMINISTRATION APRIL/MAY 1973

C4 WOULD YOU DESCRIBE YOUR DENTAL HEALTH CONDITION NOW AS:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 O LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	68	8	80	27	29	32	64	14	70	16	19	47
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EXCELLENT?	16	3	13	3	8	5	3	13	-	9	9	1	8	4	4	1	6	1	5	-	-	6
	18%	18%	18%	20%	24%	13%	7%	30%		18%	10%	13%	10%	15%	14%	3%	7%	7%	7%			12
GOOD?	36	4	32	6	14	16	19	17	1	19	43	3	40	11	15	17	34	6	28	7	6	21
	41%	24%	45%	40%	42%	40%	42%	40%	17%	37%	49%	38%	50%	41%	52%	53%	40%	43%	40%	44%	32%	45
AVERAGE?	13	3	10	3	3	7	9	4	2	7	6	1	5	4	-	2	7	-	7	4	1	2
	15%	18%	14%	20%	9%	17%	20%	9%	33%	14%	7%	13%	6%	15%		6%	8%		10%	25%	5%	4
FAIR?	13	2	11	1	5	7	8	5	1	10	17	1	16	4	3	10	17	2	15	2	7	8
	15%	12%	15%	7%	15%	17%	18%	12%	17%	20%	19%	13%	20%	15%	10%	31%	20%	14%	21%	13%	37%	16
POOR?	10	5	5	2	3	5	6	4	2	6	13	2	11	4	7	2	20	5	15	3	5	12
	11%	29%	7%	13%	9%	13%	13%	9%	33%	12%	15%	25%	14%	15%	24%	6%	24%	36%	21%	19%	26%	24
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 005

THIRD ADMINISTRATION APRIL/MAY 1973

C5 WOULD YOU HAVE DESCRIBED YOUR DENTAL ONE YEAR AGO AS:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-
											1%		1%	4%								
EXCELLENT?	8	3	5	-	5	3	2	6	-	4	8	1	7	3	4	1	4	-	4	-	-	4
	9%	18%	7%		15%	7%	4%	14%		8%	9%	13%	9%	11%	14%	3%	5%		6%			8
GOOD?	32	3	29	7	10	15	14	18	-	18	40	2	38	7	14	19	38	7	31	9	5	24
	36%	18%	41%	47%	30%	38%	31%	42%		35%	45%	25%	47%	26%	48%	59%	45%	50%	44%	56%	26%	4
AVERAGE?	21	4	17	4	7	10	12	9	2	11	8	1	7	4	-	4	6	1	5	2	1	3
	24%	24%	24%	27%	21%	25%	27%	21%	33%	22%	9%	13%	9%	15%		13%	7%	7%	7%	13%	5%	6
FAIR?	11	2	9	1	5	5	6	5	2	6	15	1	14	6	4	5	18	2	16	3	8	7
	13%	12%	13%	7%	15%	13%	13%	12%	33%	12%	17%	13%	17%	22%	14%	16%	21%	14%	23%	19%	42%	14
POOR?	16	5	11	3	6	7	11	5	2	12	16	3	13	6	7	3	18	4	14	2	5	11
	18%	29%	15%	20%	18%	17%	24%	12%	33%	24%	18%	38%	16%	22%	24%	9%	21%	29%	20%	13%	26%	22
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 006

THIRD ADMINISTRATION APRIL/MAY 1973

Q6 HOW OFTEN SHOULD PERSON VISIT DENTIST FOR CHECK-UP?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-
											1%		1%	4%								
ONCE A MONTH	1	-	1	1	-	-	-	1	-	-	1	-	1	-	-	1	-	-	-	-	-	-
	1%		1%	7%				2%			1%		1%			3%						
EVERY 3 MONTHS	3	1	2	-	2	1	2	1	-	3	-	-	-	-	-	-	2	1	1	-	-	2
	3%	6%	3%		6%	2%	4%	2%		6%							2%	7%	1%			4
EVERY 6 MONTHS	64	12	52	11	27	26	31	33	3	38	63	5	58	21	21	21	48	8	40	9	13	26
	73%	71%	73%	73%	82%	65%	69%	77%	50%	75%	72%	63%	72%	78%	72%	66%	57%	57%	57%	56%	68%	53
ONCE A YEAR	17	3	14	2	4	11	9	8	2	9	18	2	16	5	6	7	31	5	26	7	6	18
	19%	18%	20%	13%	12%	27%	20%	19%	33%	18%	20%	25%	20%	19%	21%	22%	37%	36%	37%	44%	32%	37
EVERY 2 YEARS	1	-	1	-	-	1	1	-	-	-	2	1	1	-	-	2	1	-	1	-	-	1
	1%		1%			2%	2%				2%	13%	1%			6%	1%		1%			2
LESS THAN EVERY 2 YEAR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DOESN'T KNOW	2	1	1	1	-	1	2	-	1	1	3	-	3	-	2	1	2	-	2	-	-	2
	2%	6%	1%	7%		2%	4%		17%	2%	3%		4%		7%	3%	2%		3%			4
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 007

THIRD ADMINISTRATION APRIL/MAY 1973

C7 IN PAST 18 MONTHS, HOW MANY TIMES VISITED THE DENTIST?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	60	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-
											1%		1%			3%						
ONCE	10	-	10	-	5	5	6	4	-	5	10	-	10	4	3	3	13	3	10	7	4	2
	11%		14%		15%	13%	13%	9%		10%	11%		13%	15%	10%	9%	15%	21%	14%	44%	21%	4
TWICE	13	2	11	2	6	5	8	5	-	9	8	-	8	4	2	2	9	2	7	3	3	3
	15%	12%	15%	13%	18%	13%	18%	12%		18%	9%		10%	15%	7%	6%	11%	14%	10%	19%	16%	6
3-4 TIMES	18	3	15	6	7	5	7	11	-	14	5	-	5	1	2	2	2	-	2	-	1	1
	20%	18%	21%	40%	21%	13%	16%	26%		27%	6%		6%	4%	7%	6%	2%		3%		5%	2
5 TIMES OR MORE	27	5	22	4	12	11	12	15	3	13	15	1	14	8	6	1	5	1	4	2	1	2
	31%	29%	31%	27%	36%	27%	27%	35%	50%	25%	17%	13%	17%	30%	21%	3%	6%	7%	6%	13%	5%	4
NOT AT ALL?	20	7	13	3	3	14	12	8	3	10	49	7	42	10	16	23	55	8	47	4	10	41
	23%	41%	18%	20%	9%	35%	27%	19%	50%	20%	56%	88%	52%	37%	55%	72%	65%	57%	67%	25%	53%	84
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 008

THIRD ADMINISTRATION APRIL/MAY 1973

Q8 WHEN WAS THE LAST TIME VISITED A DENTIST?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WITHIN THE LAST MONTH	9	2	7	1	4	4	7	2	-	7	6	-	6	2	2	2	3	1	2	-	-	3
	10%	12%	10%	7%	12%	10%	16%	5%		14%	7%		7%	7%	7%	6%	4%	7%	3%			6
1 - 3 MONTHS AGO	15	3	12	6	5	4	4	11	-	9	6	-	6	1	4	1	4	2	2	2	1	1
	17%	18%	17%	40%	15%	10%	9%	26%		18%	7%		7%	4%	14%	3%	5%	14%	3%	13%	5%	2
3 - 6 MONTHS AGO	7	2	5	2	2	3	1	6	1	3	6	-	6	5	1	-	7	2	5	2	3	2
	8%	12%	7%	13%	6%	7%	2%	14%	17%	6%	7%		7%	19%	3%		8%	14%	7%	13%	16%	4
6 - 12 MONTHS AGO	22	2	20	2	9	11	14	8	2	13	13	1	12	6	4	3	5	1	4	1	3	1
	25%	12%	28%	13%	27%	27%	31%	19%	33%	25%	15%	13%	15%	22%	14%	9%	6%	7%	6%	6%	16%	2
1-2 YEARS AGO	30	6	24	3	12	15	17	13	2	16	18	3	15	5	6	7	20	-	20	9	4	7
	34%	35%	34%	20%	36%	38%	38%	30%	33%	31%	20%	38%	19%	19%	21%	22%	24%		29%	56%	21%	14
3-5 YEARS AGO	2	-	2	-	1	1	-	2	-	1	12	-	12	4	4	4	15	3	12	1	5	9
	2%		3%		3%	2%		5%		2%	14%		15%	15%	14%	13%	18%	21%	17%	6%	26%	18
MORE THAN 5 YEARS AGO	1	1	-	-	-	1	-	1	-	1	19	4	15	1	7	11	24	4	20	-	2	22
	1%	6%				2%		2%		2%	22%	50%	19%	4%	24%	34%	29%	29%	29%		11%	45
DOESN'T RECALL	2	1	1	1	-	1	2	-	1	1	8	-	8	3	1	4	6	1	5	1	1	4
	2%	6%	1%	7%		2%	4%		17%	2%	9%		10%	11%	3%	13%	7%	7%	7%	6%	5%	8
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 009

THIRD ADMINISTRATION APRIL/MAY 1973

C9 LAST TIME VISITED DENTIST...DENTAL CARE RECEIVED WAS:

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	3	-	3	1	-	2	-	-	-	-	-	-
											3%		4%	4%		6%						
EXCELLENT?	35	7	28	6	12	17	18	17	2	20	24	1	23	11	8	5	35	4	31	5	6	23
	40%	41%	39%	40%	36%	42%	40%	40%	33%	39%	27%	13%	29%	41%	28%	16%	42%	29%	44%	38%	32%	47
GOOD?	39	3	36	7	16	16	19	20	2	22	48	6	42	10	16	22	43	10	33	7	12	24
	44%	18%	51%	47%	48%	40%	42%	47%	33%	43%	55%	75%	52%	37%	55%	69%	51%	71%	47%	44%	63%	49
AVERAGE?	7	5	2	2	2	3	4	3	1	4	5	1	4	2	2	1	2	-	2	1	-	1
	8%	29%	3%	13%	6%	7%	9%	7%	17%	8%	6%	13%	5%	7%	7%	3%	2%		3%	6%		2
FAIR?	3	1	2	-	2	1	1	2	-	3	4	-	4	1	1	2	2	-	2	1	-	1
	3%	6%	3%		6%	2%	2%	5%		6%	5%		5%	4%	3%	6%	2%		3%	6%		2
POOR?	4	1	3	-	1	3	3	1	1	2	4	-	4	2	2	-	2	-	2	1	1	-
	5%	6%	4%		3%	7%	7%	2%	17%	4%	5%		5%	7%	7%		2%		3%	6%	5%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 010

THIRD ADMINISTRATION APRIL/MAY 1973

Q10 WHEN DO YOU PLAN YOUR NEXT VISIT TO DENTIST?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	80	8	80	27	29	32	84	16	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1
																	1%		1%			2%
WITHIN THE NEXT MONTH	30	6	24	3	14	13	16	14	1	18	10	-	10	6	3	1	9	1	8	4	2	3
	34%	35%	34%	20%	42%	32%	36%	33%	17%	35%	11%		13%	22%	10%	3%	11%	7%	11%	25%	11%	6%
2-3 MONTHS FROM NOW	12	-	12	2	8	2	5	7	1	6	7	-	7	2	3	2	5	2	3	1	-	4
	14%		17%	13%	24%	5%	11%	16%	17%	12%	8%		9%	7%	10%	6%	6%	14%	4%	6%		8%
4-6 MONTHS FROM NOW	5	1	4	1	2	2	2	3	-	3	6	-	6	2	1	3	5	1	4	2	1	2
	6%	5%	6%	7%	6%	5%	4%	7%		6%	7%		7%	7%	3%	9%	6%	7%	6%	13%	5%	4%
6 MONTHS TO A YEAR	2	1	1	1	1	-	1	1	-	2	4	-	4	2	-	2	5	1	4	2	2	1
	2%	6%	1%	7%	3%		2%	2%		4%	5%		5%	7%		6%	6%	7%	6%	13%	11%	2%
1 TO 2 YEARS FROM NOW	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	3	-	3	-	1	2
											1%		1%	4%			4%		4%		5%	4%
MORE THAN 2 YEARS	1	-	1	-	-	1	1	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-
	1%		1%			2%	2%				1%		1%		3%							
WHEN NEED ARISES	20	5	15	4	4	12	10	10	1	13	32	1	31	11	8	13	18	2	16	3	5	10
	23%	29%	21%	27%	12%	30%	22%	23%	17%	25%	36%	13%	39%	41%	28%	41%	21%	14%	23%	19%	26%	20%
DOESN'T KNOW	12	3	9	2	2	8	8	4	3	6	10	3	7	3	1	6	13	3	10	2	2	9
	14%	18%	13%	13%	6%	20%	18%	9%	50%	12%	11%	38%	9%	11%	3%	19%	15%	21%	14%	13%	11%	18%
DOESN'T PLAN TO	6	1	5	2	2	2	2	4	-	3	17	4	13	-	12	5	25	4	21	2	6	17
	7%	6%	7%	13%	6%	5%	4%	9%		6%	19%	50%	16%		41%	16%	30%	29%	30%	13%	32%	35%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 011

THIRD ADMINISTRATION APRIL/MAY 1973

C11 ARE YOU GETTING TO DENTIST AS OFTEN AS YOU NEED TO?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YES	65	10	55	10	25	30	29	36	3	34	65	5	60	19	22	24	50	8	42	6	7	37
	74%	59%	77%	67%	76%	75%	64%	84%	50%	67%	74%	63%	75%	70%	76%	75%	60%	57%	60%	38%	37%	76
NO	23	7	16	5	8	10	16	7	3	17	23	3	20	8	7	8	34	6	28	10	12	12
	26%	41%	23%	33%	24%	25%	36%	16%	50%	33%	26%	38%	25%	30%	24%	25%	40%	43%	40%	63%	63%	24
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 012

THIRD ADMINISTRATION APRIL/MAY 1973

Q12 HOW OFTEN DOES TRANSP. PREVENT GETTING TO DENTIST?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL OF THE TIME?	1	-	1	-	-	1	-	1	-	-	7	-	7	3	2	2	2	1	1	-	-	2
	1%		1%			2%		2%			8%		9%	11%	7%	6%	2%	7%	1%			4
MOST OF THE TIME?	2	2	-	-	2	-	1	1	-	1	2	1	1	-	1	1	3	-	3	-	1	2
	2%	12%			6%		2%	2%		2%	2%	13%	1%		3%	3%	4%		4%		5%	4
SOME OF THE TIME?	5	-	5	-	3	2	3	2	-	3	2	-	2	1	1	-	8	1	7	3	-	5
	6%		7%		9%	5%	7%	5%		6%	2%		2%	4%	3%		10%	7%	10%	19%		10
NONE OF THE TIME?	80	15	65	15	28	37	41	39	6	47	77	7	70	23	25	29	71	12	59	13	18	40
	91%	88%	92%	100%	85%	92%	91%	91%	100%	92%	88%	88%	88%	85%	86%	91%	85%	86%	84%	81%	95%	82
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 013

THIRD ADMINISTRATION APRIL/MAY 1973

C13 HOW OFTEN HAS COST PREVENTED GETTING THE CARE YOU NEEDED?

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON GR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	86	8	80	27	29	32	84	14	70	16	19	47
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL OF THE TIME?	7	3	4	1	4	2	3	4	1	4	2	-	2	1	1	-	14	3	11	3	6	5
	8%	18%	6%	7%	12%	5%	7%	9%	17%	8%	2%		2%	4%	3%		17%	21%	16%	19%	32%	10%
MOST OF THE TIME?	3	-	3	2	1	-	2	1	-	2	1	-	1	1	-	-	14	2	12	4	6	4
	3%		4%	13%	3%		4%	2%		4%	1%		1%	4%			17%	14%	17%	25%	32%	8%
SOME OF THE TIME?	13	2	11	3	6	4	4	9	1	7	2	-	2	-	1	1	15	2	13	3	4	8
	15%	12%	15%	20%	18%	10%	9%	21%	17%	14%	2%		2%		3%	3%	18%	14%	19%	19%	21%	17%
NONE OF THE TIME?	65	12	53	9	22	34	36	29	4	38	83	8	75	25	27	31	41	7	34	6	3	31
	74%	71%	75%	60%	67%	85%	80%	67%	67%	75%	94%	100%	94%	93%	93%	97%	49%	50%	49%	38%	16%	66%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 014

THIRD ADMINISTRATION APRIL/MAY 1973

G14 IN LAST 18 MONTHS HOW MUCH PAID FOR DENTAL BILLS (HOUSEHOLD)

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	40
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NOTHING	73	13	60	11	25	37	39	34	4	41	84	8	76	26	26	32	47	6	41	5	6	35
	83%	76%	85%	73%	76%	92%	87%	79%	67%	80%	95%	100%	95%	96%	90%	100%	56%	43%	59%	31%	32%	75
$1 - 25	7	3	4	2	5	-	2	5	1	4	1	-	1	-	1	-	9	3	6	3	1	5
	8%	18%	6%	13%	15%		4%	12%	17%	8%	1%		1%		3%		11%	21%	9%	19%	5%	10
$26 - 50	4	1	3	2	1	1	2	2	-	4	-	-	-	-	-	-	7	1	6	3	3	1
	5%	6%	4%	13%	3%	2%	4%	5%		8%							8%	7%	9%	19%	16%	2
$51 - 100	1	-	1	-	-	1	1	-	-	1	1	-	1	-	1	-	9	3	6	3	2	4
	1%		1%			2%	2%			2%	1%		1%		3%		11%	21%	9%	19%	11%	8
$101 - 250	1	-	1	-	1	-	-	1	-	-	-	-	-	-	-	-	5	1	4	1	3	1
	1%		1%		3%			2%									6%	7%	6%	6%	16%	2
$251 - 500	1	-	1	-	1	-	-	1	1	-	2	-	2	1	1	-	4	-	4	1	2	1
	1%		1%		3%			2%	17%		2%		2%	4%	3%		5%		6%	6%	11%	2
$501 - 1,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2	-
																	2%		3%		11%	
OVER $1,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DOESN'T KNOW	1	-	1	-	-	1	1	-	-	1	-	-	-	-	-	-	1	-	1	-	-	1
	1%		1%			2%	2%			2%							1%		1%			2
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 015

THIRD ADMINISTRATION APRIL/MAY 1973

C15 ANY CHILDREN 19 OR UNDER LIVING AT HOME?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YES	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	60%	53%	62%	93%	94%	20%	49%	72%	50%	71%	60%	25%	64%	100%	86%	3%	44%	29%	47%	94%	89%	10%
NO	35	8	27	1	2	32	23	12	3	15	35	6	29	-	4	31	47	10	37	1	2	44
	40%	47%	38%	7%	6%	80%	51%	28%	50%	29%	40%	75%	36%		14%	97%	56%	71%	53%	6%	11%	90%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 016

THIRD ADMINISTRATION APRIL/MAY 1973

C16 DENTAL HEALTH CONDITION OF ALL CHILDREN RIGHT NOW IS:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	2%	11%		7%				3%		3%												
EXCELLENT?	4	2	2	-	3	1	1	3	-	1	9	-	9	7	2	-	5	1	4	4	-	1
	8%	22%	5%		10%	13%	5%	10%		3%	17%		18%	26%	8%		14%	25%	12%	27%		20%
GOOD?	31	4	27	8	17	6	13	18	1	24	27	1	26	14	13	-	12	3	9	7	2	3
	58%	44%	61%	57%	55%	75%	59%	58%	33%	67%	51%	50%	51%	52%	52%		32%	75%	27%	47%	12%	60%
AVERAGE?	8	-	8	2	5	1	4	4	1	6	8	1	7	4	4	-	7	-	7	2	5	-
	15%		18%	14%	16%	13%	18%	13%	33%	17%	15%	50%	14%	15%	16%		19%		21%	13%	29%	
FAIR?	7	2	5	3	4	-	3	4	-	3	6	-	6	2	3	1	7	-	7	1	5	1
	13%	22%	11%	21%	13%		14%	13%		8%	11%		12%	7%	12%	100%	19%		21%	7%	29%	20%
POOR?	2	-	2	-	2	-	1	1	1	1	3	-	3	-	3	-	6	-	6	1	5	-
	4%		5%		6%		5%	3%	33%	3%	6%		6%		12%		16%		18%	7%	29%	
DONT KNOW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 017

THIRD ADMINISTRATION APRIL/MAY 1973

C17 DENTAL HEALTH CONDITION ONE YEAR AGO WAS:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	2%	11%		7%				3%		3%												
EXCELLENT?	2	2	-	-	1	1	1	1	-	-	7	-	7	5	2	-	3	-	3	3	-	-
	4%	22%			3%	13%	5%	3%			13%		14%	19%	8%		8%		9%	20%		
GOOD?	30	2	28	9	17	4	12	18	1	20	25	-	25	14	11	-	14	3	11	9	3	2
	57%	22%	64%	64%	55%	50%	55%	58%	33%	56%	47%		49%	52%	44%		38%	75%	33%	60%	18%	40
AVERAGE?	10	3	7	3	6	1	3	7	-	8	8	1	7	4	4	-	5	-	5	2	3	-
	19%	33%	16%	21%	19%	13%	14%	23%		22%	15%	50%	14%	15%	16%		14%		15%	13%	18%	
FAIR?	6	1	5	1	4	1	3	3	-	5	10	1	9	4	5	1	9	1	8	1	6	2
	11%	11%	11%	7%	13%	13%	14%	10%		14%	19%	50%	18%	15%	20%	100%	24%	25%	24%	7%	35%	40
POOR?	4	-	4	-	3	1	3	1	2	2	3	-	3	-	3	-	6	-	6	-	5	1
	8%		9%		10%	13%	14%	3%	67%	6%	6%		6%		12%		16%		18%		29%	20
DONT KNOW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 018

THIRD ADMINISTRATION APRIL/MAY 1973

Q18 HOW OFTEN IS CHILD CARE A PROBLEM TO GO TO THE DENTIST?

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	2%	11%		7%				3%		3%												
ALL OF THE TIME?	2	-	2	-	2	-	-	2	-	2	3	-	3	-	3	-	-	-	-	-	-	-
	4%		5%		6%			6%		6%	6%		6%		12%							
MOST OF THE TIME?	-	-	-	-	-	-	-	-	-	-	2	-	2	2	-	-	2	-	2	2	-	-
											4%		4%	7%			5%		6%	13%		
SOME OF THE TIME?	2	-	2	2	-	-	-	2	-	-	2	-	2	1	1	-	2	-	2	1	1	-
	4%		5%	14%				6%			4%		4%	4%	4%		5%		6%	7%	6%	
NONE OF THE TIME?	48	8	40	11	29	8	22	26	3	33	46	2	44	24	21	1	33	4	29	12	16	5
	91%	89%	91%	79%	94%	100%	100%	84%	100%	92%	87%	100%	86%	89%	84%	100%	89%	100%	88%	80%	94%	100
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 019

THIRD ADMINISTRATION APRIL/MAY 1973

Q19 CHILDREN ARE GETTING DENTAL CARE AS OFTEN AS THEY NEED TO?

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	2%	11%		7%				3%		3%												
YES	44	6	38	11	26	7	18	26	2	29	44	2	42	23	21	-	19	3	16	9	5	5
	83%	67%	86%	79%	84%	88%	82%	84%	67%	81%	83%	100%	82%	85%	84%		51%	75%	48%	60%	29%	100
NO	8	2	6	2	5	1	4	4	1	6	9	-	9	4	4	1	18	1	17	6	12	-
	15%	22%	14%	14%	16%	13%	18%	13%	33%	17%	17%		18%	15%	16%	100%	49%	25%	52%	40%	71%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 020

THIRD ADMINISTRATION APRIL/MAY 1973

Q20 WITHIN LAST YEAR HAVE ALL YOUR CHILDREN VISITED ONCE?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	1	1	-	1	-	-	-	1	-	1	1	-	1	-	1	-	-	-	-	-	-	-
	2%	11%		7%				3%		3%	2%		2%		4%							
YES	41	7	34	10	24	7	18	23	2	26	32	-	32	16	15	1	23	3	20	7	11	5
	77%	78%	77%	71%	77%	88%	82%	74%	67%	72%	60%		63%	59%	60%	100%	62%	75%	61%	47%	65%	100
NO	11	1	10	3	7	1	4	7	1	9	20	2	18	11	9	-	14	1	13	8	6	-
	21%	11%	23%	21%	23%	13%	18%	23%	33%	25%	38%	100%	35%	41%	36%		38%	25%	39%	53%	35%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 021

THIRD ADMINISTRATION APRIL/MAY 1973

Q21 QUALITY/DENTAL CARE CHILDREN RECEIVED DURING THE PAST YEAR?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	53	9	44	14	31	8	22	31	3	36	53	2	51	27	25	1	37	4	33	15	17	5
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	6	1	5	3	3	-	2	4	-	5	22	2	20	10	12	-	12	1	11	7	5	-
	11%	11%	11%	21%	10%		9%	13%		14%	42%	100%	39%	37%	48%		32%	25%	33%	47%	29%	
EXCELLENT?	18	6	12	4	11	3	8	10	1	11	15	-	15	12	3	-	12	2	10	6	3	3
	34%	67%	27%	29%	35%	38%	36%	32%	33%	31%	28%		29%	44%	12%		32%	50%	30%	40%	18%	60
GOOD?	25	2	23	6	14	5	10	15	1	18	15	-	15	4	10	1	10	1	9	2	6	2
	47%	22%	52%	43%	45%	63%	45%	48%	33%	50%	28%		29%	15%	40%	100%	27%	25%	27%	13%	35%	40
AVERAGE?	1	-	1	-	1	-	1	-	-	1	1	-	1	1	-	-	-	-	-	-	-	-
	2%		2%		3%		5%			3%	2%		2%	4%								
FAIR?	2	-	2	1	1	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	4%		5%	7%	3%		5%	3%	33%													
POOR?	1	-	1	-	1	-	-	1	-	1	-	-	-	-	-	-	3	-	3	-	3	-
	2%		2%		3%			3%		3%							8%		9%		18%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 022

THIRD ADMINISTRATION APRIL/MAY 1973

G22 DO YOU HAVE A REGULAR DENTIST NOW?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	60	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
YES	79	13	66	14	32	33	38	41	2	48	63	3	60	23	23	17	49	8	41	10	15	24
	90%	76%	93%	93%	97%	82%	84%	95%	33%	94%	72%	38%	75%	85%	79%	53%	58%	57%	59%	63%	79%	49
NO	9	4	5	1	1	7	7	2	4	3	25	5	20	4	6	15	35	6	29	6	4	25
	10%	24%	7%	7%	3%	17%	16%	5%	67%	6%	28%	63%	25%	15%	21%	47%	42%	43%	41%	38%	21%	51
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 023

THIRD ADMINISTRATION APRIL/MAY 1973

G23 WOULD YOU RATE YOUR PRESENT DENTIST AS:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	79	13	66	14	32	33	38	41	2	48	63	3	60	23	23	17	49	8	41	10	15	24
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	1	-	1	-	-	1
											2%	33%				6%	2%		2%			4
EXCELLENT?	43	8	35	6	16	21	22	21	2	23	26	-	26	14	8	4	28	5	23	7	6	15
	54%	62%	53%	43%	50%	64%	58%	51%	100%	48%	41%		43%	61%	35%	24%	57%	63%	56%	70%	40%	63
GOOD?	25	-	25	6	11	8	12	13	-	18	31	2	29	8	12	11	16	3	13	1	7	8
	32%		38%	43%	34%	24%	32%	32%		38%	49%	67%	48%	35%	52%	65%	33%	38%	32%	10%	47%	33
AVERAGE?	5	3	2	2	2	1	1	4	-	2	3	-	3	1	2	-	1	-	1	1	-	-
	6%	23%	3%	14%	6%	3%	3%	10%		4%	5%		5%	4%	9%		2%		2%	10%		
FAIR?	4	1	3	-	2	2	2	2	-	3	1	-	1	-	-	1	-	-	-	-	-	-
	5%	8%	5%		6%	6%	5%	5%		6%	2%		2%			6%						
POOR?	2	1	1	-	1	1	1	1	-	2	1	-	1	-	1	-	3	-	3	1	2	-
	3%	8%	2%		3%	3%	3%	2%		4%	2%		2%		4%		6%		7%	10%	13%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				

TABLE 024

THIRD ADMINISTRATION APRIL/MAY 1973

C24 WOULD YOU SAY THAT YOUR DENTIST IS FRIENDLY & CONCERNED?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	79	13	66	14	32	33	38	41	2	48	63	3	60	23	23	17	49	8	41	10	15	24
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VERY	66	10	56	12	24	30	34	32	2	37	52	2	50	20	17	15	43	8	35	8	11	24
	84%	77%	85%	86%	75%	91%	89%	78%	100%	77%	83%	67%	83%	87%	74%	88%	88%	100%	85%	80%	73%	100
SOMEWHAT	8	1	7	2	6	-	2	6	-	7	7	1	6	2	5	-	3	-	3	1	2	-
	10%	8%	11%	14%	19%		5%	15%		15%	11%	33%	10%	9%	22%		6%		7%	10%	13%	
NOT VERY	5	2	3	-	2	3	2	3	-	4	3	-	3	1	1	1	1	-	1	1	-	-
	6%	15%	5%		6%	9%	5%	7%		8%	5%		5%	4%	4%	6%	2%		2%	10%		
DOESN'T KNOW	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	2	-	2	-	2	-
											2%		2%			6%	4%		5%		13%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 025

THIRD ADMINISTRATION APRIL/MAY 1973

C25 HOW MUCH CONFIDENCE DO YOU HAVE IN YOUR DENTIST?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	79	13	66	14	32	33	38	41	2	48	63	3	60	23	23	17	49	8	41	10	15	24
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A LOT?	63	8	55	13	24	26	30	33	2	34	54	3	51	18	20	16	43	8	35	7	12	24
	80%	62%	83%	93%	75%	79%	79%	80%	100%	71%	86%	100%	85%	78%	87%	94%	88%	100%	85%	70%	80%	100
SOME?	13	4	9	1	7	5	6	7	-	12	7	-	7	4	2	1	3	-	3	2	1	-
	16%	31%	14%	7%	22%	15%	16%	17%		25%	11%		12%	17%	9%	6%	6%		7%	20%	7%	
VERY LITTLE?	2	-	2	-	1	1	1	1	-	1	1	-	1	1	-	-	1	-	1	1	-	-
	3%		3%		3%	3%	3%	2%		2%	2%		2%	4%			2%		2%	10%		
NONE?	1	1	-	-	-	1	1	-	-	1	1	-	1	-	1	-	2	-	2	-	2	-
	1%	8%				3%	3%			2%	2%		2%		4%		4%		5%		13%	
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 026

THIRD ADMINISTRATION APRIL/MAY 1973

C26 FEES YOUR DENTIST CHARGES ARE:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	79	13	66	14	32	33	38	41	2	48	63	3	60	23	23	17	49	8	41	10	15	24
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EXCESSIVE?	4	1	3	1	1	2	3	1	-	1	4	1	3	1	2	1	10	1	9	4	4	2
	5%	8%	5%	7%	3%	6%	8%	2%		2%	6%	33%	5%	4%	9%	6%	20%	13%	22%	40%	27%	8%
REASONABLE?	22	3	19	5	9	8	9	13	-	13	15	-	15	8	3	4	33	7	26	4	9	20
	28%	23%	29%	36%	28%	24%	24%	32%		27%	24%		25%	35%	13%	24%	67%	88%	63%	40%	60%	83%
DOESN'T KNOW	53	9	44	8	22	23	26	27	2	34	44	2	42	14	18	12	6	-	6	2	2	2
	67%	69%	67%	57%	69%	70%	68%	66%	100%	71%	70%	67%	70%	61%	78%	71%	12%		15%	20%	13%	8%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 027

THIRD ADMINISTRATION APRIL/MAY 1973

C27 GOING TO THE DENTIST ARE YOU WORRIED ABOUT PAIN?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	66	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VERY WORRIED?	13	1	12	3	7	3	6	7	1	9	13	1	12	7	4	2	10	2	8	4	3	3
	15%	6%	17%	20%	21%	7%	13%	16%	17%	18%	15%	13%	15%	26%	14%	6%	12%	14%	11%	25%	16%	6%
SOMEWHAT WORRIED?	13	2	11	2	5	6	8	5	1	8	12	1	11	4	1	7	17	2	15	6	6	5
	15%	12%	15%	13%	15%	15%	18%	12%	17%	16%	14%	13%	14%	15%	3%	22%	20%	14%	21%	38%	32%	10%
NOT WORRIED AT ALL?	62	14	48	10	21	31	31	31	4	34	63	6	57	16	24	23	57	10	47	6	10	41
	70%	82%	68%	67%	64%	77%	69%	72%	67%	67%	72%	75%	71%	59%	83%	72%	68%	71%	67%	38%	53%	84%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 028

THIRD ADMINISTRATION APRIL/MAY 1973

C28 DENTAL INSURANCE...MAX.AMOUNT YOU WOULD PAY MONTHLY?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT RLL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
$1 - 5	21	4	17	4	12	5	9	12	1	9	8	1	7	4	4	-	26	5	21	5	11	10
	24%	24%	24%	27%	36%	13%	20%	28%	17%	18%	9%	13%	9%	15%	14%		31%	36%	30%	31%	58%	20
$6 - 10	5	1	4	3	2	-	1	4	-	5	3	-	3	1	2	-	8	1	7	4	4	-
	6%	6%	6%	20%	6%		2%	9%		10%	3%		4%	4%	7%		10%	7%	10%	25%	21%	
$11 - 15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
																	1%		1%		5%	
$16 - 20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
$21 - 30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
$31 - 40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
$41 - 50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DOESN'T KNOW	42	5	37	8	15	19	24	18	3	29	57	5	52	18	19	20	14	2	12	3	2	9
	48%	29%	52%	53%	45%	47%	53%	42%	50%	57%	65%	63%	65%	67%	66%	63%	17%	14%	17%	19%	11%	18
NOTHING	20	7	13	-	4	16	11	9	2	8	20	2	18	4	4	12	35	6	29	4	1	30
	23%	41%	18%		12%	40%	24%	21%	33%	16%	23%	25%	22%	15%	14%	38%	42%	43%	41%	25%	5%	61
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 029

THIRD ADMINISTRATION APRIL/MAY 1973

629 HOW FIRST LEARNED ABOUT DEMO.DENTAL (MEDICAID) PROGRAM?

	DEMONSTRATION DENTAL													MEDICAID							
			FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE			FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
	TOTL	MALE												TOTL	MALE						
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2	-	-	1	-
														2%		2%		7%			4%	
AGENCY REFERRAL	31	8	23	5	11	15	13	8	9	15	16	3	18	69	4	65	22	22	25	21	21	20
	35%	47%	32%	33%	33%	38%	34%	40%	31%	33%	37%	50%	35%	78%	50%	81%	81%	76%	78%	72%	78%	67
PERSONAL REFERRAL	26	5	21	6	9	11	9	6	11	13	13	2	17	9	2	7	3	4	2	5	2	2
	30%	29%	30%	40%	27%	27%	24%	30%	38%	29%	30%	33%	33%	10%	25%	9%	11%	14%	6%	17%	7%	7
PUBLICATION	24	4	20	3	9	12	10	5	9	14	10	1	13	4	1	3	2	-	2	1	3	-
	27%	24%	28%	20%	27%	30%	26%	25%	31%	31%	23%	17%	25%	5%	13%	4%	7%		6%	3%	11%	
RADIO OR TV	2	-	2	1	-	1	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-
	2%		3%	7%		2%	5%				5%											
CONTACTED PROGRAM STAF	1	-	1	-	1	-	1	-	-	-	1	-	1	2	-	2	-	1	1	2	-	-
	1%		1%		3%		3%				2%		2%	2%		2%		3%	3%	7%		
OTHER	4	-	4	-	3	1	3	1	-	3	1	-	2	2	1	1	-	-	2	-	-	2
	5%		6%		9%	2%	8%	5%		7%	2%		4%	2%	13%	1%			6%			7
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-



TABLE 030

THIRD ADMINISTRATION APRIL/MAY 1973

Q30 DO YOU THINK GETTING ON DEMO.DENTAL (MEDICAID) PROGRAM WAS:

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	2	1	1	2	-	-	-	1	1	-	2	-	2	1	-	1	-	1	-	-	-	-
	2%	6%	1%	13%				5%	3%		5%		4%	1%		1%		3%				
EASY?	83	16	67	13	31	39	36	19	27	43	40	6	48	83	8	75	25	27	31	28	27	27
	94%	94%	94%	87%	94%	97%	95%	95%	93%	96%	93%	100%	94%	94%	100%	94%	93%	93%	97%	97%	100%	90
DIFFICULT?	3	-	3	-	2	1	2	-	1	2	1	-	1	4	-	4	2	1	1	1	-	3
	3%		4%		6%	2%	5%		3%	4%	2%		2%	5%		5%	7%	3%	3%	3%		10
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 031

THIRD ADMINISTRATION APRIL/MAY 1973

Q31 DENTAL BENEFITS UNDER DEMO.DENTAL (MEDICAID) CLEARLY EXPLAINED

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-
														1%		1%		3%				
EASY?	86	17	69	15	31	40	37	20	28	44	42	6	49	82	8	74	25	27	30	27	25	29
	98%	100%	97%	100%	94%	100%	97%	100%	97%	98%	98%	100%	96%	93%	100%	92%	93%	93%	94%	93%	93%	97
DIFFICULT?	2	-	2	-	2	-	1	-	1	1	1	-	2	5	-	5	2	1	2	2	2	1
	2%		3%		6%		3%		3%	2%	2%		4%	6%		6%	7%	3%	6%	7%	7%	3
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 032

THIRD ADMINISTRATION APRIL/MAY 1973

Q32 SINCE BEING ON PROGRAM HAVE YOU BEEN TO THE DENTIST?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88 100%	17 100%	71 100%	15 100%	33 100%	40 100%	38 100%	20 100%	29 100%	45 100%	43 100%	6 100%	51 100%	88 100%	8 100%	80 100%	27 100%	29 100%	32 100%	29 100%	27 100%	32 100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
EASY?	84 95%	15 88%	69 97%	14 93%	32 97%	38 95%	37 97%	19 95%	28 97%	43 96%	41 95%	5 83%	48 94%	65 74%	5 63%	60 75%	24 89%	22 76%	19 59%	20 69%	21 78%	23 72%
DIFFICULT?	4 5%	2 12%	2 3%	1 7%	1 3%	2 5%	1 3%	1 5%	1 3%	2 4%	2 5%	1 17%	3 6%	23 26%	3 38%	20 25%	3 11%	7 24%	13 41%	9 31%	6 22%	7 22%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 033

THIRD ADMINISTRATION APRIL/MAY 1973

Q33 SINCE CERTIFIED, HOW LONG BEFORE YOU VISITED THE DENTIST?

	DEMONSTRATION DENTAL													MEDICAID							
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	84	15	69	14	32	38	37	19	28	43	41	5	48	65	5	60	24	22	19	20	21	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	1	2	-	3	-
														5%		5%		5%	11%		14%	
WITHIN ONE MONTH	34	6	28	7	15	12	17	6	11	14	20	2	22	12	1	11	9	2	1	1	4	6
	40%	40%	41%	50%	47%	32%	46%	32%	39%	33%	49%	40%	46%	18%	20%	18%	38%	9%	5%	5%	19%	26
1 - 2 MONTHS	26	6	20	4	8	14	12	5	9	15	11	1	13	7	-	7	3	4	-	2	3	2
	31%	40%	29%	29%	25%	37%	32%	26%	32%	35%	27%	20%	27%	11%		12%	13%	18%		10%	14%	9
3 - 4 MONTHS	11	2	9	1	3	7	4	3	4	5	6	1	4	7	-	7	1	3	3	1	3	3
	13%	13%	13%	7%	9%	18%	11%	16%	14%	12%	15%	20%	8%	11%		12%	4%	14%	16%	5%	14%	13
5 - 6 MONTHS	3	-	3	-	2	1	1	1	1	1	2	-	3	10	-	10	5	3	2	3	2	5
	4%		4%		6%	3%	3%	5%	4%	2%	5%		6%	15%		17%	21%	14%	11%	15%	10%	22
7 - 9 MONTHS	1	-	1	1	-	-	-	-	1	1	-	-	1	1	-	1	-	1	-	1	-	-
	1%		1%	7%					4%	2%			2%	2%		2%		5%		5%		
10 - 12 MONTHS	1	-	1	-	-	1	-	1	-	1	-	1	-	4	1	3	1	-	3	2	-	2
	1%		1%			3%		5%		2%		20%		6%	20%	5%	4%		16%	10%		9
MORE THAN 12 MONTHS	3	1	2	1	2	-	1	-	2	1	2	-	3	8	-	8	4	3	1	3	4	1
	4%	7%	3%	7%	6%		3%		7%	2%	5%		6%	12%		13%	17%	14%	5%	15%	19%	4
DOESN'T KNOW	5	-	5	-	2	3	2	3	-	5	-	-	2	13	3	10	1	5	7	7	2	4
	6%		7%		6%	8%	5%	16%		12%			4%	20%	60%	17%	4%	23%	37%	35%	10%	17
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 034

THIRD ADMINISTRATION APRIL/MAY 1973

Q34 SINCE ENROLLMENT, HOW ARE YOU NOW TREATED BY THE DENTIST?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	84	15	69	14	32	38	37	19	28	43	41	5	48	65	5	60	24	22	19	20	21	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	1	-	1	1	1	-
														3%		3%	4%		5%	5%	5%	
BETTER?	8	1	7	1	3	4	4	2	2	2	6	-	5	7	-	7	4	2	1	1	3	3
	10%	7%	10%	7%	9%	11%	11%	11%	7%	5%	15%		10%	11%		12%	17%	9%	5%	5%	14%	13
ABOUT THE SAME?	75	14	61	13	28	34	33	17	25	41	34	5	42	55	5	50	19	19	17	18	16	20
	89%	93%	88%	93%	88%	89%	89%	89%	89%	95%	83%	100%	88%	85%	100%	83%	79%	86%	89%	90%	76%	87
WORSE?	1	-	1	-	1	-	-	-	1	-	1	-	1	1	-	1	-	1	-	-	1	-
	1%		1%		3%				4%		2%		2%	2%		2%		5%			5%	
CONT KNOW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 035

THIRD ADMINISTRATION APRIL/MAY 1973

Q35 SINCE IN THE PROGRAM, IS GENERAL FEELING ABOUT DENTISTS?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	36
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	2	1	1	1	-	1	1	-	1	2	-	1	1	24	3	21	3	7	14	9	7	7
	2%	6%	1%	7%		2%	3%		3%	4%		17%	2%	27%	38%	26%	11%	24%	44%	31%	26%	25
BETTER?	10	2	8	2	4	4	5	2	3	3	7	1	6	7	-	7	5	2	-	3	2	2
	11%	12%	11%	13%	12%	10%	13%	10%	10%	7%	16%	17%	12%	8%		9%	19%	7%		10%	7%	7
ABOUT THE SAME?	75	13	62	12	29	34	31	18	25	39	36	4	43	57	5	52	19	20	18	17	18	21
	85%	76%	87%	80%	88%	85%	82%	90%	86%	87%	84%	67%	84%	65%	63%	65%	70%	69%	56%	59%	67%	70
WORSE?	1	1	-	-	-	1	1	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
	1%	6%				2%	3%			2%			2%									
CONT KNOW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NO ANSWER																						

TABLE 036

THIRD ADMINISTRATION APRIL/MAY 1973

Q36 HAVE YOU CHANGED DENTISTS SINCE ENROLLING IN THE PROGRAM?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	2	1	1	1	-	1	1	-	1	2	-	1	1	24	3	21	3	7	14	9	7	7
	2%	6%	1%	7%		2%	3%		3%	4%		17%	2%	27%	38%	26%	11%	24%	44%	31%	26%	23
YES	65	11	54	11	21	33	30	13	21	36	29	2	36	45	5	40	17	15	13	16	16	12
	74%	65%	76%	73%	64%	82%	79%	65%	72%	80%	67%	33%	71%	51%	63%	50%	63%	52%	41%	55%	59%	40
NO	21	5	16	3	12	6	7	7	7	7	14	3	14	19	-	19	7	7	5	4	4	11
	24%	29%	23%	20%	36%	15%	18%	35%	24%	16%	33%	50%	27%	22%		24%	26%	24%	16%	14%	15%	37
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 037

THIRD ADMINISTRATION APRIL/MAY 1973

Q37 HAD TO PAY BILLS NOT PAID BY DEMO.DENTAL (MEDICAID) PROGRAM?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	2	1	1	1	-	1	1	-	1	2	-	1	1	24	3	21	3	7	14	9	7	7
	2%	6%	1%	7%		2%	3%		3%	4%		17%	2%	27%	38%	26%	11%	24%	44%	31%	26%	23
YES	14	2	12	3	9	2	5	4	5	8	6	2	8	2	-	2	1	1	-	-	-	2
	16%	12%	17%	20%	27%	5%	13%	20%	17%	18%	14%	33%	16%	2%		2%	4%	3%				7
NO	72	14	58	11	24	37	32	16	23	35	37	3	42	62	5	57	23	21	18	20	20	21
	82%	82%	82%	73%	73%	92%	84%	80%	79%	78%	86%	50%	82%	70%	63%	71%	85%	72%	56%	69%	74%	70
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 038

THIRD ADMINISTRATION APRIL/MAY 1973

C38 IF YES, HAVE YOU FELT THAT THE AMOUNT HAS BEEN;

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	14	2	12	3	9	2	5	4	5	8	6	2	8	2	-	2	1	1	-	-	-	2
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%				100
N/A	2	-	2	-	2	-	2	-	-	2	-	-	1	-	-	-	-	-	-	-	-	-
	14%		17%		22%		40%			25%			13%									
REASONABLE?	10	1	9	3	5	2	3	3	4	5	5	1	7	1	-	1	1	-	-	-	-	1
	71%	50%	75%	100%	56%	100%	60%	75%	80%	63%	83%	50%	88%	50%		50%	100%					50
TOO MUCH?	2	1	1	-	2	-	-	1	1	1	1	1	-	1	-	1	-	1	-	-	-	1
	14%	50%	8%		22%			25%	20%	13%	17%	50%		50%		50%		100%				50
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 039

THIRD ADMINISTRATION APRIL/MAY 1973

C39 SINCE BEING ENROLLED IN THE DEMO.DENTAL (MEDICAID) PROGRAM DO YOU FEEL THAT YOUR DENTAL HEALTH HAS IMPROVED?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	1	-	-
														1%		1%	4%			3%		
A LOT?	50	6	44	9	20	21	24	10	16	23	27	2	28	25	3	22	12	6	7	10	5	9
	57%	35%	62%	60%	61%	52%	63%	50%	55%	51%	63%	33%	55%	28%	38%	27%	44%	21%	22%	34%	19%	30
SOME?	26	6	20	4	8	14	10	8	8	14	12	1	14	32	-	32	8	14	10	6	13	13
	30%	35%	28%	27%	24%	35%	26%	40%	28%	31%	28%	17%	27%	36%		40%	30%	48%	31%	21%	48%	43
VERY LITTLE?	6	2	4	1	3	2	2	1	3	4	2	1	5	5	-	5	1	1	3	3	1	1
	7%	12%	6%	7%	9%	5%	5%	5%	10%	9%	5%	17%	10%	6%		6%	4%	3%	9%	10%	4%	3
NOT AT ALL?	6	3	3	1	2	3	2	1	2	4	2	2	4	25	5	20	5	8	12	9	8	7
	7%	18%	4%	7%	6%	7%	5%	5%	7%	9%	5%	33%	8%	28%	63%	25%	19%	28%	38%	31%	30%	23
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 040

THIRD ADMINISTRATION APRIL/MAY 1973

C40 SINCE ENROLLED IN DEMO.DENTAL (MEDICAID) ..KNOW ABOUT DENTAL

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KNOW MORE	46	7	39	8	22	16	22	9	15	21	25	3	25	21	2	19	11	7	3	7	8	5
	52%	41%	55%	53%	67%	40%	58%	45%	52%	47%	58%	50%	49%	24%	25%	24%	41%	24%	9%	24%	30%	17
KNOW LESS	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	1	-	-
														1%		1%			3%	3%		
KNOW ABOUT THE SAME?	42	10	32	7	11	24	16	11	14	24	18	3	26	66	6	60	16	22	28	21	19	25
	48%	59%	45%	47%	33%	60%	42%	55%	48%	53%	42%	50%	51%	75%	75%	75%	59%	76%	88%	72%	70%	83
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 041

THIRD ADMINISTRATION APRIL/MAY 1973

C41 SINCE ENROLLED IN DEMO.DENTAL (MEDICAID) .. DIFFICULTY GETTING DENTAL CARE?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
LESS DIFFICULTY	29	5	24	6	11	12	12	7	10	12	17	1	17	23	3	20	12	7	4	8	9	5
	33%	29%	34%	40%	33%	30%	32%	35%	34%	27%	40%	17%	33%	26%	38%	25%	44%	24%	13%	28%	33%	17
MORE DIFFICULTY	1	-	1	-	1	-	-	1	-	1	-	1	-	1	-	1	-	1	-	-	-	1
	1%		1%		3%			5%		2%		17%		1%		1%		3%				3
ABOUT THE SAME?	58	12	46	9	21	28	26	12	19	32	26	4	34	64	5	59	15	21	28	21	18	24
	66%	71%	65%	60%	64%	70%	68%	60%	66%	71%	60%	67%	67%	73%	63%	74%	56%	72%	88%	72%	67%	80
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 042

THIRD ADMINISTRATION APRIL/MAY 1973

Q42 SINCE ENROLLED IN DEMO.DENTAL (MEDICAID) ..
DO YOU FEEL GENERALLY:

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HEALTHIER THAN BEFORE?	41	5	36	6	20	15	22	8	11	19	22	1	22	22	1	21	13	6	3	7	8	7
	47%	29%	51%	40%	61%	38%	58%	40%	38%	42%	51%	17%	43%	25%	13%	26%	48%	21%	9%	24%	30%	23
LESS HEALTHY	1	1	-	-	1	-	-	-	1	1	-	-	1	4	-	4	1	1	2	1	2	1
	1%	6%			3%				3%	2%			2%	5%		5%	4%	3%	6%	3%	7%	3
ABOUT THE SAME	46	11	35	9	12	25	16	12	17	25	21	5	28	62	7	55	13	22	27	21	17	23
	52%	65%	49%	60%	36%	63%	42%	60%	59%	56%	49%	83%	55%	70%	88%	69%	48%	75%	84%	72%	63%	77
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 043

THIRD ADMINISTRATION APRIL/MAY 1973

Q43 SINCE ENROLLED IN DEMO.DENTAL (MEDICAID) ..
DO YOU FEEL:

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MORE FINANCIAL SECURE?	75	15	60	13	30	32	34	16	25	40	35	4	45	71	6	65	25	22	24	25	21	24
	85%	88%	85%	87%	91%	80%	89%	80%	86%	89%	81%	67%	88%	81%	75%	81%	93%	76%	75%	86%	78%	80
LESS FINANCIAL SECURE?	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ABOUT THE SAME?	13	2	11	2	3	8	4	4	4	5	8	2	6	17	2	15	2	7	8	4	6	6
	15%	12%	15%	13%	9%	20%	11%	20%	14%	11%	19%	33%	12%	19%	25%	19%	7%	24%	25%	14%	22%	20
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 044

THIRD ADMINISTRATION APRIL/MAY 1973

Q44 HOW DO YOU FEEL ABOUT DEMO.DENTAL (MEDICAID) IN GENERAL?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VERY SATISFIED	80	13	67	15	29	36	34	18	27	38	42	2	47	76	6	70	25	23	28	26	20	24
	91%	76%	94%	100%	88%	90%	89%	90%	93%	84%	98%	33%	92%	86%	75%	88%	93%	79%	88%	90%	74%	97
FAIRLY SATISFIED?	5	4	1	-	2	3	3	-	2	4	1	2	3	10	2	8	2	4	4	3	6	-
	6%	24%	1%		6%	7%	8%		7%	9%	2%	33%	6%	11%	25%	10%	7%	14%	13%	10%	22%	
NOT VERY SATISFIED?	1	-	1	-	-	1	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-
	1%		1%			2%		5%		2%		17%										
VERY DISSATISFIED?	2	-	2	-	2	-	1	1	-	2	-	1	1	2	-	2	-	2	-	-	1	1
	2%		3%		6%		3%	5%		4%		17%	2%	2%		2%		7%			4%	3
DONT KNOW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 045

THIRD ADMINISTRATION APRIL/MAY 1973

Q45 SINCE ENROLLED IN DEMO.DENTAL (MEDICAID)... HAVE YOU SEEN ANY OF THE PROGRAM (WELFARE) STAFF?

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	88	17	71	15	33	40	38	20	29	45	43	6	51	88	8	80	27	29	32	29	27	30
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VISITED YOUR HOME	68	13	55	12	24	32	28	16	23	35	33	4	40	55	4	51	16	19	20	20	16	16
	77%	76%	77%	80%	73%	80%	74%	80%	79%	78%	77%	67%	78%	63%	50%	64%	59%	66%	63%	69%	67%	53
(WELFARE) OFFICE?	20	5	15	4	10	6	9	3	7	9	11	1	13	19	3	16	7	6	6	6	6	7
	23%	29%	21%	27%	30%	15%	24%	15%	24%	20%	26%	17%	25%	22%	38%	20%	26%	21%	19%	21%	22%	23
NO	5	1	4	-	-	5	4	1	-	4	1	1	1	10	1	17	5	5	8	5	3	9
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 046

THIRD ADMINISTRATION APRIL/MAY 1973

C46 IF YES, WAS SEEING THAT PERSON:

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
TOTAL	83	16	67	15	33	35	34	19	29	41	42	5	50	70	7	63	22	24	24	24	24	21
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	5	1	4	1	2	2	1	2	2	3	2	-	4	2	-	2	1	-	1	-	1	-
	6%	6%	6%	7%	6%	6%	3%	11%	7%	7%	5%		8%	3%		3%	5%		4%		4%	
VERY HELPFUL	56	12	44	11	26	19	27	10	18	24	32	3	33	36	6	30	11	11	14	15	11	10
	67%	75%	66%	73%	79%	54%	79%	53%	62%	59%	76%	60%	66%	51%	86%	48%	50%	46%	58%	63%	46%	48%
SOMEWHAT HELPFUL?	22	3	19	3	5	14	6	7	9	14	8	2	13	27	-	27	9	10	8	8	9	10
	28%	19%	28%	20%	15%	40%	18%	37%	31%	34%	19%	40%	26%	39%		43%	41%	42%	33%	33%	38%	48%
NOT VERY HELPFUL?	-	-	-	-	-	-	-	-	-	-	-	-	-	5	1	4	1	3	1	1	3	1
														7%	14%	6%	5%	13%	4%	4%	13%	5%
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 047

THIRD ADMINISTRATION APRIL/MAY 1973

Q47 THINGS THAT DEMO.DENTAL (WELFARE) STAFF MAY HAVE DONE FOR YOU

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRA.
TOTAL	83	16	67	15	33	35	34	19	29	41	42	5	50	70	7	63	22	24	24	24	24	21
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	1	-	1	1	-	-	-	-	1	1	-	-	1	9	1	8	3	3	3	3	2	4
	1%		1%	7%					3%	2%			2%	13%	14%	13%	14%	13%	13%	13%	8%	19
TRANSP.TO DENTIST	5	1	4	-	1	4	4	-	1	4	1	-	1	1	-	1	-	1	-	-	-	1
	6%	6%	6%		3%	11%	12%		3%	10%	2%		2%	1%		2%		4%				5
HELP WITH BABYSITTING	1	-	1	-	1	-	1	-	-	-	1	-	1	1	-	1	1	-	-	1	-	-
	1%		1%		3%		3%				2%		2%	1%		2%	5%			4%		
GIVE YOU PAMPHLETS	38	5	33	5	18	15	19	6	13	18	20	2	22	9	-	9	5	2	2	3	3	2
	46%	31%	49%	33%	55%	43%	56%	32%	45%	44%	48%	40%	44%	13%		14%	23%	8%	8%	13%	13%	10
PROVIDE DENTAL EDUC.	15	2	13	2	7	6	7	1	7	5	10	-	9	5	-	5	4	1	-	1	4	-
	18%	13%	19%	13%	21%	17%	21%	5%	24%	12%	24%		18%	7%		8%	18%	4%		4%	17%	
HELP MAKE APPOINTMENT	3	-	3	1	1	1	2	-	1	-	3	-	-	1	-	1	1	-	-	-	1	-
	4%		4%	7%	3%	3%	6%		3%		7%			1%		2%	5%				4%	
EXPLAINED DENTAL BENF.	53	10	43	9	22	22	23	9	21	24	29	3	27	18	3	15	7	5	6	7	5	5
	64%	63%	64%	60%	67%	63%	68%	47%	72%	59%	69%	60%	54%	26%	43%	24%	32%	21%	25%	29%	21%	24
HELP-DENTAL BILLS	1	1	-	-	1	-	-	-	1	-	1	-	1	1	-	1	1	-	-	-	1	-
	1%	6%			3%				3%		2%		2%	1%		2%	5%				4%	
HELP-CHOOSE DENTIST	3	-	3	1	1	1	2	1	-	1	2	-	1	1	-	1	1	-	-	-	1	-
	4%		4%	7%	3%	3%	6%	5%		2%	5%		2%	1%		2%	5%				4%	
DEMO-DENTAL HYGIENE	5	1	4	1	2	2	2	-	3	1	4	-	1	1	-	1	1	-	-	-	1	-
	6%	6%	6%	7%	6%	6%	6%		10%	2%	10%		2%	1%		2%	5%				4%	
ASK QUAL.DENT.CARE	47	9	38	7	20	20	20	10	17	20	27	2	27	15	1	14	5	8	2	6	5	4
	57%	56%	57%	47%	61%	57%	59%	53%	59%	49%	64%	40%	54%	21%	14%	22%	23%	33%	8%	25%	21%	19
EXPL.PREM.CONTRIB.	20	1	19	4	9	7	9	3	8	8	12	-	12	2	-	2	2	-	-	-	2	-
	24%	6%	28%	27%	27%	20%	26%	16%	28%	20%	29%		24%	3%		3%	9%				8%	
ASK HOUSE.INCOME	80	15	65	13	32	35	34	19	26	40	40	5	48	58	5	53	17	20	21	19	21	17
	96%	94%	97%	87%	97%	100%	100%	100%	90%	98%	95%	100%	96%	83%	71%	84%	77%	83%	88%	79%	88%	81
HELP FIND JOB	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	2	1	-	1	-	2
														4%		5%	9%	4%		4%		10
REFER OTHER PROGRAM	2	-	2	-	1	1	1	-	1	1	1	1	1	5	1	4	3	2	-	2	1	2
	2%		3%		3%	3%	3%		3%	2%	2%	20%	2%	7%	14%	6%	14%	8%		8%	4%	10

TABLE 047 (CONTINUED)

THIRD ADMINISTRATION APRIL/MAY 1973

Q47 THINGS THAT DEMO.DENTAL (WELFARE) STAFF MAY HAVE DONE FOR YOU

	DEMONSTRATION DENTAL													MEDICAID								
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD
OTHER THINGS	-	-	-	-	-	-	-	-	-	-	-	-	-	1 1%	-	1 2%	1 5%	-	-	-	-	1 5
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 049

THIRD ADMINISTRATION APRIL/MAY 1973

Q49 RESPONDENT'S SEX

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAIN TEN ANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88 100%	17 100%	71 100%	15 100%	33 100%	40 100%	45 100%	43 100%	6 100%	51 100%	88 100%	8 100%	80 100%	27 100%	29 100%	32 100%	84 100%	14 100%	70 100%	16 100%	19 100%	49 100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FEMALE	71 81%	-	71 100%	12 80%	29 88%	30 75%	37 82%	34 79%	4 67%	42 82%	80 91%	-	80 100%	27 100%	27 93%	26 81%	70 83%	-	70 100%	14 86%	18 95%	38 78
MALE	17 19%	17 100%	-	3 20%	4 12%	10 25%	8 18%	9 21%	2 33%	9 18%	8 9%	8 100%	-	-	2 7%	6 19%	14 17%	14 100%	-	2 13%	1 5%	11 22
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE Q50

THIRD ADMINISTRATION APRIL/MAY 1973

Q50 AGE CATEGORY

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88 100%	17 100%	71 100%	15 100%	33 100%	40 100%	45 100%	43 100%	6 100%	51 100%	88 100%	8 100%	80 100%	27 100%	29 100%	32 100%	84 100%	14 100%	70 100%	16 100%	19 100%	49 100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19 OR UNDER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20 - 24	2 2%	2 12%	-	2 13%	-	-	-	2 5%	-	2 4%	7 8%	-	7 9%	7 26%	-	-	8 10%	1 7%	7 10%	8 50%	-	-
25 - 34	13 15%	1 6%	12 17%	13 87%	-	-	4 9%	9 21%	-	8 16%	20 23%	-	20 25%	20 74%	-	-	8 10%	1 7%	7 10%	8 50%	-	-
35 - 44	21 24%	2 12%	19 27%	-	21 64%	-	5 11%	16 37%	1 17%	14 27%	13 15%	-	13 16%	-	13 45%	-	13 15%	1 7%	12 17%	-	13 68%	-
45 - 54	12 14%	2 12%	10 14%	-	12 36%	-	6 13%	6 14%	1 17%	9 18%	16 18%	2 25%	14 17%	-	16 55%	-	6 7%	-	6 9%	-	6 32%	-
55 - 64	18 20%	3 18%	15 21%	-	-	18 45%	9 20%	9 21%	2 33%	8 16%	20 23%	2 25%	18 22%	-	-	20 63%	15 18%	4 29%	11 16%	-	-	15 31%
65 OR OVER	22 25%	7 41%	15 21%	-	-	22 55%	21 47%	1 2%	2 33%	10 20%	12 14%	4 50%	8 10%	-	-	12 38%	34 40%	7 50%	27 39%	-	-	34 69%
DOULON'T SAY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 051

THIRD ADMINISTRATION APRIL/MAY 1973

Q51 ARE YOU THE:

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CATREL	NONCR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	64	14	70	16	19	45
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	1	-	1	-	-	1	1	-	-	1	1	1	-	-	-	1	1	-	1	-	-	1
	1%		1%			2%	2%			2%	1%	13%				3%	1%		1%			2
HEAD OF HOUSEHOLD?	51	17	34	7	13	31	33	18	4	25	71	7	64	21	23	27	58	14	44	6	8	44
	58%	100%	48%	47%	39%	77%	73%	42%	67%	49%	81%	88%	80%	78%	79%	84%	91%	100%	63%	38%	42%	98
DEPENDENT SPOUSE?	36	-	36	8	20	8	11	25	2	25	16	-	16	6	6	4	25	-	25	10	11	4
	41%		51%	53%	61%	20%	24%	58%	33%	49%	18%		20%	22%	21%	13%	39%		36%	63%	58%	8
OTHER:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NO ANSWER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 052

THIRD ADMINISTRATION APRIL/MAY 1973

Q52 MARITAL STATUS

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CATREL	NONCR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	64	14	70	16	19	45
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SINGLE?	8	4	4	-	1	7	6	2	2	4	7	1	6	2	1	4	3	1	2	1	1	1
	9%	24%	6%		3%	17%	13%	5%	33%	8%	8%	13%	7%	7%	3%	13%	4%	7%	3%	6%	5%	2
MARRIED?	48	9	39	10	27	11	17	31	2	34	18	2	16	6	8	4	36	9	27	12	12	12
	55%	53%	55%	67%	82%	27%	38%	72%	33%	67%	20%	25%	20%	22%	28%	13%	43%	64%	39%	75%	63%	26
SEPARATED?	3	-	3	1	1	1	2	1	-	2	6	2	4	-	3	3	1	-	1	-	1	-
	3%		4%	7%	3%	2%	4%	2%		4%	7%	25%	5%		10%	9%	1%		1%		5%	
DIVORCED?	10	2	8	4	2	4	5	5	-	7	40	1	39	18	17	5	6	2	4	2	1	3
	11%	12%	11%	27%	6%	10%	11%	12%		14%	45%	13%	49%	67%	59%	16%	7%	14%	6%	13%	5%	6
WIDOWED?	19	2	17	-	2	17	15	4	2	4	17	2	15	1	-	16	38	2	36	1	4	33
	22%	12%	24%		6%	42%	34%	9%	33%	8%	19%	25%	19%	4%		50%	59%	14%	51%	6%	21%	73
WOULDN'T SAY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 053

THIRD ADMINISTRATION APRIL/MAY 1973

C53 EDUCATION

	----DEMONSTRATION DENTAL----										*----MEDICAID----*						*----NON-RECIPIENTS----*					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT -IAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	1	1	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	1%	6%				2%		2%		2%												
8TH GRADE OR LESS	38	8	30	3	14	21	22	16	2	20	29	6	23	4	9	16	34	5	29	2	3	29
	43%	47%	42%	20%	42%	52%	49%	37%	33%	39%	33%	75%	29%	15%	31%	50%	40%	36%	41%	13%	16%	59
SOME H.S., NO DIPLOMA	20	1	19	3	8	9	11	9	3	12	27	-	27	10	9	8	17	2	15	2	5	10
	23%	6%	27%	20%	24%	22%	24%	21%	50%	24%	31%		34%	37%	31%	25%	20%	14%	21%	13%	26%	20
H.S. DIPLOMA OR G.E.D.	21	2	19	7	8	6	9	12	1	14	25	1	24	11	8	6	26	6	20	10	9	7
	24%	12%	27%	47%	24%	15%	20%	28%	17%	27%	28%	13%	30%	41%	28%	19%	31%	43%	29%	63%	47%	14
1-2 YEARS COLLEGE	4	3	1	2	1	1	2	2	-	3	4	1	3	1	1	2	7	1	6	2	2	3
	5%	18%	1%	13%	3%	2%	4%	5%		6%	5%	13%	4%	4%	3%	6%	8%	7%	9%	13%	11%	6
3-4 YEARS COLLEGE, NO	4	2	2	-	2	2	1	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	5%	12%	3%		6%	5%	2%	7%		2%												
COLLEGE DEGREE	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-
											1%		1%		3%							
WOULDN'T SAY	-	-	-	-	-	-	-	-	-	-	2	-	2	1	1	-	-	-	-	-	-	-
											2%		2%	4%	3%							

TABLE 054

THIRD ADMINISTRATION APRIL/MAY 1973

C54 WHAT IS YOUR PRESENT EMPLOYMENT STATUS?

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	-	-	-	-	-	-	-	-	-	-	5	1	4	2	1	2	1	1	-	-	-	1
											6%	13%	5%	7%	3%	6%	1%	7%				2
FULL-TIME (30 HRS+/WK)	16	5	11	5	9	2	6	10	-	9	8	-	8	4	4	-	10	3	7	3	5	5
	18%	29%	15%	33%	27%	5%	13%	23%		18%	9%		10%	15%	14%		12%	21%	10%	19%	26%	4
PART-TIME (LESS THAN 3	6	1	5	2	2	2	2	4	-	3	4	-	4	3	1	-	5	1	4	1	2	2
	7%	6%	7%	13%	6%	5%	4%	9%		6%	5%		5%	11%	3%		6%	7%	6%	6%	11%	4
UNEMPLOYED (BUT LOOKIN	15	5	10	4	6	5	6	9	1	11	14	3	11	7	6	1	3	1	2	1	1	1
	17%	29%	14%	27%	18%	13%	13%	21%	17%	22%	16%	38%	14%	26%	21%	3%	4%	7%	3%	6%	5%	2
RETIRED	16	6	10	-	-	16	15	1	2	8	14	4	10	-	1	13	41	8	33	-	-	41
	18%	35%	14%			40%	33%	2%	33%	16%	16%	50%	13%		3%	41%	49%	57%	47%			84
HOUSEWIFE	34	-	34	4	16	14	15	19	3	19	40	-	40	10	14	16	22	-	22	11	9	2
	39%		48%	27%	48%	35%	33%	44%	50%	37%	45%		50%	37%	48%	50%	26%		31%	69%	47%	4
TRAINING PROGRAM (E.G.	1	-	1	-	-	1	1	-	-	1	2	-	2	1	1	-	-	-	-	-	-	-
	1%		1%			2%	2%			2%	2%		2%	4%	3%							
WOULDN'T SAY	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1	-	1	-	1	-
											1%		1%		3%		1%		1%		5%	
DISABLED	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
																	1%		1%		5%	
OTHER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 055

THIRD ADMINISTRATION APRIL/MAY 1973

C55 GROSS ANNUAL HOUSEHOLD INCOME

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	3	-	3	-	1	2	-	3	-	1	-	-	-	-	-	-	-	-	-	-	-	-
	3%		4%		3%	5%		7%		2%												
$1000 - 999	1	-	1	-	1	-	-	1	-	1	3	-	3	1	-	2	4	1	3	-	-	4
	1%		1%		3%			2%		2%	3%		4%	4%		6%	5%	7%	4%			8%
$1,000 - $1,999	12	1	11	-	1	11	11	1	-	5	32	3	29	2	10	20	30	3	27	2	1	27
	14%	6%	15%		3%	27%	24%	2%		10%	36%	38%	36%	7%	34%	63%	36%	21%	39%	13%	5%	55%
$2,000 - $2,999	13	4	9	2	1	10	8	5	1	7	20	1	19	11	5	4	15	5	10	1	2	12
	15%	24%	13%	13%	3%	25%	18%	12%	17%	14%	23%	13%	24%	41%	17%	13%	18%	36%	14%	6%	11%	24%
$3,000 - $3,999	6	1	5	2	2	2	5	1	1	4	7	3	4	2	2	3	3	-	3	-	2	1
	7%	6%	7%	13%	6%	5%	11%	2%	17%	8%	8%	38%	5%	7%	7%	9%	4%		4%		11%	2%
$4,000 - $4,999	13	2	11	3	4	6	9	4	2	6	11	-	11	6	4	1	8	2	6	4	2	2
	15%	12%	15%	20%	12%	15%	20%	9%	33%	12%	13%		14%	22%	14%	3%	10%	14%	9%	25%	11%	4%
$5,000 - $5,999	8	1	7	1	5	2	6	2	1	5	5	1	4	2	3	-	1	-	1	1	-	-
	9%	6%	10%	7%	15%	5%	13%	5%	17%	10%	6%	13%	5%	7%	10%		1%		1%	6%		
$6,000 - $6,999	5	1	4	1	4	-	1	4	-	5	1	-	1	-	1	-	2	-	2	-	2	-
	6%	6%	6%	7%	12%		2%	9%		10%	1%		1%		3%		2%		3%		11%	
$7,000 OR MORE	16	3	13	3	11	2	3	13	-	13	2	-	2	1	1	-	14	2	12	6	7	1
	18%	18%	18%	20%	33%	5%	7%	30%		25%	2%		2%	4%	3%		17%	14%	17%	38%	37%	2%
WOULDN'T SAY	11	4	7	3	3	5	2	9	1	4	7	-	7	2	3	2	7	1	6	2	3	2
	13%	24%	10%	20%	9%	13%	4%	21%	17%	8%	8%		9%	7%	10%	6%	8%	7%	9%	13%	16%	4%

TABLE 056

THIRD ADMINISTRATION APRIL/MAY 1973

C56 ARE YOU:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INIT IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88 100%	17 100%	71 100%	15 100%	33 100%	40 100%	45 100%	43 100%	6 100%	51 100%	88 100%	8 100%	80 100%	27 100%	29 100%	32 100%	84 100%	14 100%	70 100%	16 100%	19 100%	4 100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WHITE?	82 93%	14 82%	68 96%	14 93%	31 94%	37 92%	41 91%	41 95%	6 100%	46 90%	80 91%	6 75%	74 92%	27 100%	24 83%	29 91%	81 96%	14 100%	67 96%	15 94%	17 89%	4 100%
AMERICAN INDIAN?	2 2%	-	2 3%	1 7%	1 3%	-	1 2%	1 2%	-	2 4%	5 6%	1 13%	4 5%	-	2 7%	3 9%	2 2%	-	2 3%	-	2 11%	-
MEXICAN-AMERICAN OR SP	2 2%	2 12%	-	-	1 3%	1 2%	1 2%	1 2%	-	1 2%	3 3%	1 13%	2 2%	-	3 10%	-	1 1%	-	1 1%	1 6%	-	-
NEGRO?	2 2%	1 6%	1 1%	-	-	2 5%	2 4%	-	-	2 4%	-	-	-	-	-	-	-	-	-	-	-	-
WOULDN'T SAY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE 057

THIRD ADMINISTRATION APRIL/MAY 1973

C57 WHAT IS THE TOTAL NUMBER IN YOUR HOUSEHOLD?

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CR	INITIAL	MAINTENANCE	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FEMALE	34 OR LESS	35 TO 54	55+
TOTAL	88 100%	17 100%	71 100%	15 100%	33 100%	40 100%	45 100%	43 100%	6 100%	51 100%	88 100%	8 100%	80 100%	27 100%	29 100%	32 100%	84 100%	14 100%	70 100%	16 100%	19 100%	49 100%
N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ONE	25 28%	7 41%	18 25%	1 7%	2 6%	22 55%	17 38%	8 19%	2 33%	10 20%	29 33%	6 75%	23 29%	-	1 3%	28 88%	37 44%	4 29%	33 47%	1 6%	2 11%	34 69%
TWO	12 14%	1 6%	11 15%	- 	1 3%	11 27%	8 18%	4 9%	1 17%	7 14%	10 11%	- 	10 13%	2 7%	5 17%	3 9%	13 15%	5 36%	8 11%	1 6%	3 16%	9 18%
THREE	9 10%	3 18%	6 8%	3 20%	2 6%	4 10%	7 16%	2 5%	1 17%	4 8%	8 9%	- 	8 10%	4 15%	4 14%	- 	8 10%	3 21%	5 7%	3 19%	2 11%	3 6%
FOUR	7 8%	1 6%	6 8%	2 13%	5 15%	- 	5 11%	2 5%	1 17%	5 10%	20 23%	- 	20 25%	11 41%	8 28%	1 3%	9 11%	- 	9 13%	7 44%	1 5%	1 2%
FIVE	6 7%	- 	6 8%	4 27%	2 6%	- 	2 4%	4 9%	- 	4 8%	5 6%	- 	5 6%	4 15%	1 3%	- 	4 5%	2 14%	2 3%	2 13%	- 	2 4%
SIX	5 6%	2 12%	3 4%	1 7%	4 12%	- 	- 	5 12%	1 17%	1 2%	10 11%	- 	10 13%	5 19%	5 17%	- 	2 2%	- 	2 3%	1 6%	1 5%	-
SEVEN	8 9%	- 	8 11%	4 27%	3 9%	1 2%	2 4%	6 14%	- 	7 14%	4 5%	- 	4 5%	1 4%	3 10%	- 	5 6%	- 	5 7%	- 	5 26%	-
EIGHT	6 7%	2 12%	4 6%	- 	5 15%	1 2%	1 2%	5 12%	- 	5 10%	2 2%	2 25%	- 	- 	2 7%	- 	3 4%	- 	3 4%	1 6%	2 11%	-
NINE	6 7%	1 6%	5 7%	- 	5 15%	1 2%	1 2%	5 12%	- 	6 12%	- 	- 	- 	- 	- 	- 	1 1%	- 	1 1%	- 	1 5%	-
TEN OR MORE	4 5%	- 	4 6%	- 	4 12%	- 	2 4%	2 5%	- 	2 4%	- 	- 	- 	- 	- 	- 	2 2%	- 	2 3%	- 	2 11%	-

TABLE 058

THIRD ADMINISTRATION APRIL/MAY 1973

C58 HOW MANY CHILDREN 19 AND UNDER LIVING IN YOUR HOME?

	----DEMONSTRATION DENTAL----										*----- MEDICAID -----*						*----- NON-RECIPIENTS -----*					
	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	CAT REL	NON CK	INIT IAL	MAIN TEN ANCE	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+	TOTL	MALE	FE MALE	34 OR LESS	35 TO 54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	49
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
N/A	17	4	13	1	1	15	10	7	-	8	35	6	29	-	4	31	44	8	36	1	2	41
	19%	24%	18%	7%	3%	38%	22%	16%		16%	40%	75%	36%		14%	97%	52%	57%	51%	6%	11%	84
ONE	8	2	6	1	2	5	7	1	1	5	5	-	5	2	3	-	12	4	8	2	4	6
	9%	12%	8%	7%	6%	13%	16%	2%	17%	10%	6%		6%	7%	10%		14%	29%	11%	13%	21%	12
TWO	8	2	6	3	5	-	5	3	-	5	10	-	10	5	4	1	10	-	10	8	2	-
	9%	12%	8%	20%	15%		11%	7%		10%	11%		13%	19%	14%	3%	12%		14%	50%	11%	
THREE	8	-	8	4	3	1	4	4	1	5	17	-	17	10	7	-	5	1	4	3	1	1
	9%		11%	27%	9%	2%	9%	9%	17%	10%	19%		21%	37%	24%		6%	7%	6%	19%	5%	2
FOUR	6	2	4	2	4	-	1	5	1	2	10	-	10	9	1	-	2	1	1	1	-	1
	7%	12%	6%	13%	12%		2%	12%	17%	4%	11%		13%	33%	3%		2%	7%	1%	6%		2
FIVE	7	-	7	4	3	-	1	6	-	6	7	-	7	-	7	-	5	-	5	-	5	-
	8%		10%	27%	9%		2%	14%		12%	8%		9%		24%		6%		7%		26%	
SIX	6	2	4	-	5	1	1	5	-	5	4	2	2	1	3	-	4	-	4	1	3	-
	7%	12%	6%		15%	2%	2%	12%		10%	5%	25%	2%	4%	10%		5%		6%	6%	16%	
SEVEN	7	1	6	-	6	1	2	5	-	7	-	-	-	-	-	-	-	-	-	-	-	-
	8%	6%	8%		18%	2%	4%	12%		14%												
EIGHT	2	-	2	-	2	-	1	1	-	1	-	-	-	-	-	-	1	-	1	-	1	-
	2%		3%		6%		2%	2%		2%							1%		1%		5%	
NINE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
																	1%		1%		5%	
TEN OR MORE	19	4	15	-	2	17	13	6	3	7	-	-	-	-	-	-	-	-	-	-	-	-
	22%	24%	21%		6%	42%	29%	14%	50%	14%												

TABLE 059

THIRD ADMINISTRATION APRIL/MAY 1973

059 ARE YOU NOW ON THE:

	DEMONSTRATION DENTAL ENROLLMENT																
								NO HIGH SCHL	SOME HIGH SCHL	HIGH SCHL GRAD	LENGTH ENROLLED						
	TOTL	MALE	FE MALE	UNDR 20	20 TO 34	35 TO 54	55+				TO 3MOS	3-6 MOS	6-12 MOS	OVER 12	CAT REL	NON CR	MEDI CAID
TOTAL	88	17	71	-	15	33	40	38	20	29	4	5	1	76	45	43	-
	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
N/A	8	1	7	-	-	2	6	2	2	4	-	-	-	8	2	6	-
	9%	6%	10%			6%	15%	5%	10%	14%				11%	4%	14%	
INITIAL PLAN?	6	2	4	-	-	2	4	2	3	1	1	-	-	5	5	1	-
	7%	12%	6%			6%	10%	5%	15%	3%	25%			7%	11%	2%	
MAINTENANCE PLAN	51	9	42	-	10	23	18	20	12	18	-	4	1	45	25	26	-
	58%	53%	59%		67%	70%	45%	53%	60%	62%		80%	100%	59%	56%	60%	
NOT AVAILABLE	23	5	18	-	5	6	12	14	3	6	3	1	-	18	13	10	-
	26%	29%	25%		33%	18%	30%	37%	15%	21%	75%	20%		24%	29%	23%	

TABLE 060

THIRD ADMINISTRATION APRIL/MAY 1973

060 RESPONDENT'S COMPREHENSION DURING THE INTERVIEW:

	DEMONSTRATION DENTAL										MEDICAID						NON-RECIPIENTS					
				34 OR	35 TO					MAIN TEN				34 OR	35 TO					34 OR	35 TO	
	TOTL	MALE	FE MALE	LESS	54	55+	CAT REL	NON CR	INIT -IAL	ANCE	TOTL	MALE	FE MALE	LESS	54	55+	TOTL	MALE	FE MALE	LESS	54	55+
TOTAL	88	17	71	15	33	40	45	43	6	51	88	8	80	27	29	32	84	14	70	16	19	4
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	1	-	1	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-
	1%		1%			2%	2%										1%		1%		5%	
QUICK AND CORRECT	72	12	60	15	28	29	35	37	4	45	81	7	74	26	28	27	53	6	47	12	10	31
	82%	71%	85%	100%	85%	72%	78%	86%	67%	88%	92%	88%	92%	96%	97%	84%	63%	43%	67%	75%	53%	6
QUICK BUT INCORRECT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	2	-	-	
																	4%	7%	3%			
SLOW BUT CORRECT	11	2	9	-	5	6	6	5	1	6	1	1	-	-	-	1	24	7	17	4	8	1
	13%	12%	13%		15%	15%	13%	12%	17%	12%	1%	13%				3%	29%	50%	24%	25%	42%	2
SLOW/CONFUSED	2	2	-	-	-	2	1	1	-	-	-	-	-	-	-	-	1	-	1	-	-	1
	2%	12%				5%	2%	2%									1%		1%			2
UNABLE TO FOLLOW	-	-	-	-	-	-	-	-	-	-	4	-	4	1	1	2	-	-	-	-	-	-
											5%		5%	4%	3%	6%						
IMPEDED BY SPEECH	2	1	1	-	-	2	2	-	1	-	2	-	2	-	-	2	2	-	2	-	-	2
	2%	6%	1%			5%	4%		17%		2%		2%			6%	2%		3%			4